

163  
REA-152729

BALTIMORE CITY HEALTH DEPARTMENT

51 8501

## CERTIFICATE OF DEATH

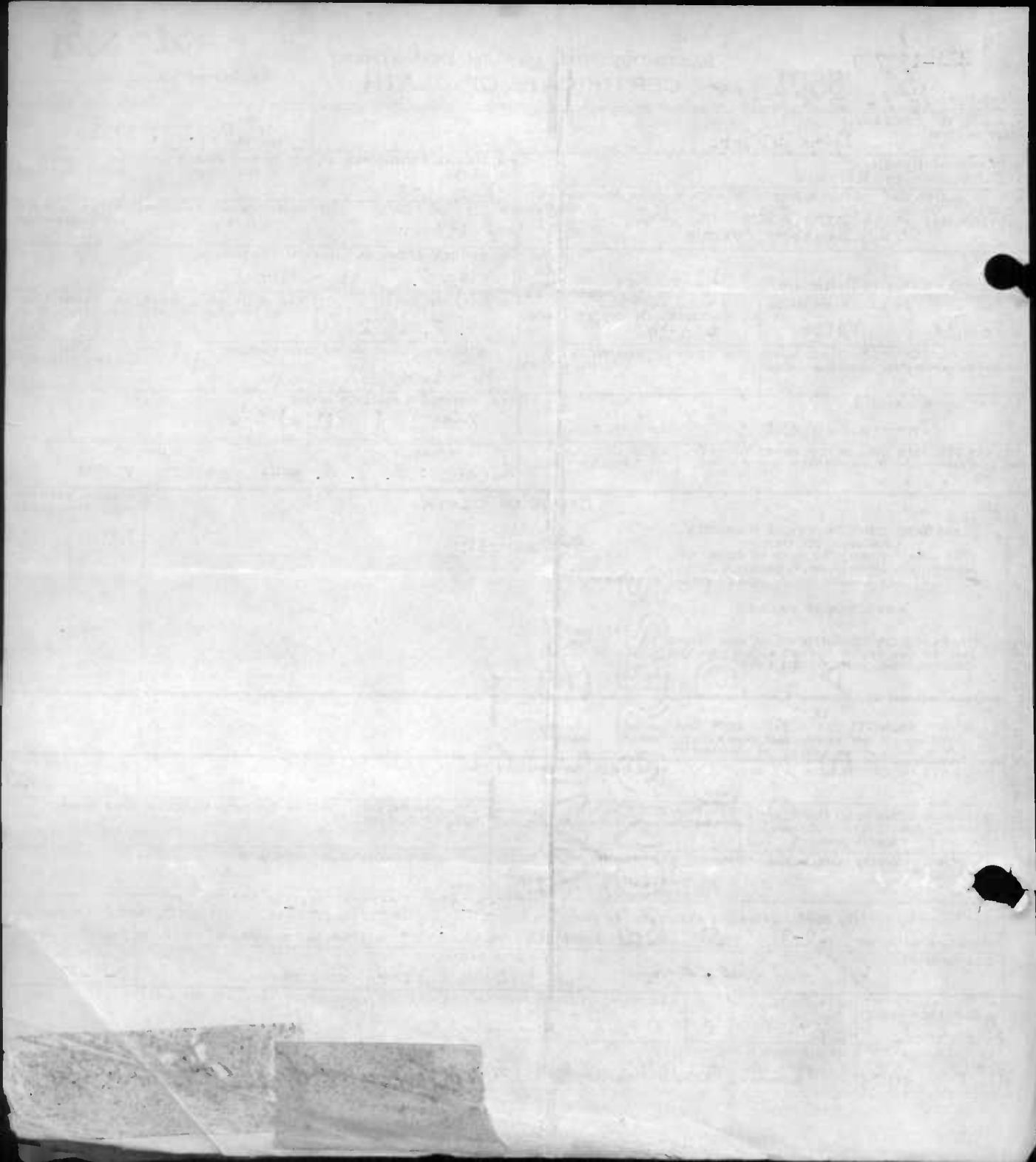
Registered No.

BIRTH NO. 511 8501 23048		2. DATE OF DEATH Oct. 3, 1951	
1. NAME OF DECEASED (Type or Print) Mary Rebbert		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-01	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		D. STREET ADDRESS (If rural, give location) 22 S. Chester Street	
Length of stay in Baltimore Life		Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 2, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME George Rebbert		14. MOTHER'S MAIDEN NAME Murille (Musille) Law	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Records: B. C. H. 4940 Eastern Avenue	

18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Prematurity		INTERVAL BETWEEN ONSET AND DEATH Life	
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-2 51, to 10-3 51, 1951, that I last saw the deceased alive on 10-3 1951, and that death occurred at 5:40A m., from the causes and on the date stated above.					
23A. SIGNATURE J. J. Clogen		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 10-3-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct. 3, 1951		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR OCT 3 1951		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR		ADDRESS	





51 8502

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8502

Registered No.

BIRTH NO.

A-535

1. NAME OF DECEASED  
(Type or Print)

Anna M. Anthony

2. DATE  
OF  
DEATH

Oct. 2-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

9. AGE (In years,  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18. 260X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(A)

DUE TO

(B)

DUE TO

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORKNOT WHILE  
AT WORK22. I hereby certify that I attended the deceased from 1940, 19, to 10/2/51, 19, that I last saw the  
deceased alive on 10/1/51, 1951, and that death occurred at 8 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VALLEY  
CONFIDENTIAL

12/15/1961

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

433

51 8503

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8503

Registered No. \_\_\_\_\_

BIRTH NO. *B-300*

1. NAME OF DECEASED (Type or Print) <i>Jacob Butt</i>			2. DATE OF DEATH <i>Oct 1, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Little Sisters of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>85</i>			D. STREET ADDRESS (If rural, give location) <i>1001</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>Sept 22, 1866</i>	9. AGE (In years last birthday) <i>85</i>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Gardener</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore Co. Md.</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>Anthony Butt</i>			14. MOTHER'S MAIDEN NAME <i>Catherine ?</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>Yes, no or unknown</i>			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <i>Little Sisters of the Poor</i>			ADDRESS <i>1200 Valley St.</i>		

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Degeneration</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arterio-Sclerosis</i>		<i>5 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from *Sept 15, 1951* to *Oct 1, 1951*, that I last saw the deceased alive on *Sept 30, 1951*, and that death occurred at *4 P.* m., from the causes and on the date stated above.

23A. SIGNATURE *E. Gill Hall MD* M. D. 23B. ADDRESS *1631 E. North Ave* 23C. DATE SIGNED *Oct 2-1951*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>10-4-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Josephs</i>	24D. LOCATION (City, town, or county) (State) <i>Jullinton Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 3 1951</i>	REGISTRAR'S SIGNATURE <i>William Williams</i>	25. FUNERAL DIRECTOR <i>L. J. Luck</i> ADDRESS <i>5305 Hayford Rd</i>	

VALLEY  
COUNCILS  
BOND

1013-146 25

U.S. A.

51 8504

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8504  
Registered No.

BIRTH NO. 9-660

1. NAME OF DECEASED  
(Type or Print)

Mr. John Gorrera

2. DATE  
OF  
DEATH

Oct. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

Maryland

Baltimore

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Carney (Rural)

D. STREET ADDRESS (If rural, give location)

10th Avenue

5300

6. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/16/78

9. AGE (In years  
last birthday)

72

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Antonio Gorrera

14. MOTHER'S MAIDEN NAME

Clara Holzman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Clara Gorrera - same

18. 155X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of biliary  
system - metastases to  
liver and lung

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of liver

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 9/22/1951, to 10/2/1951, that I last saw the  
deceased alive on 10/2/1951, and that death occurred at 3:00 P.M. from the causes and on the date stated above.

23A. SIGNATURE

E. Paul Loffay Jr.

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

10/2/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-5-51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

REGISTRAR'S SIGNATURE

William H. Williams

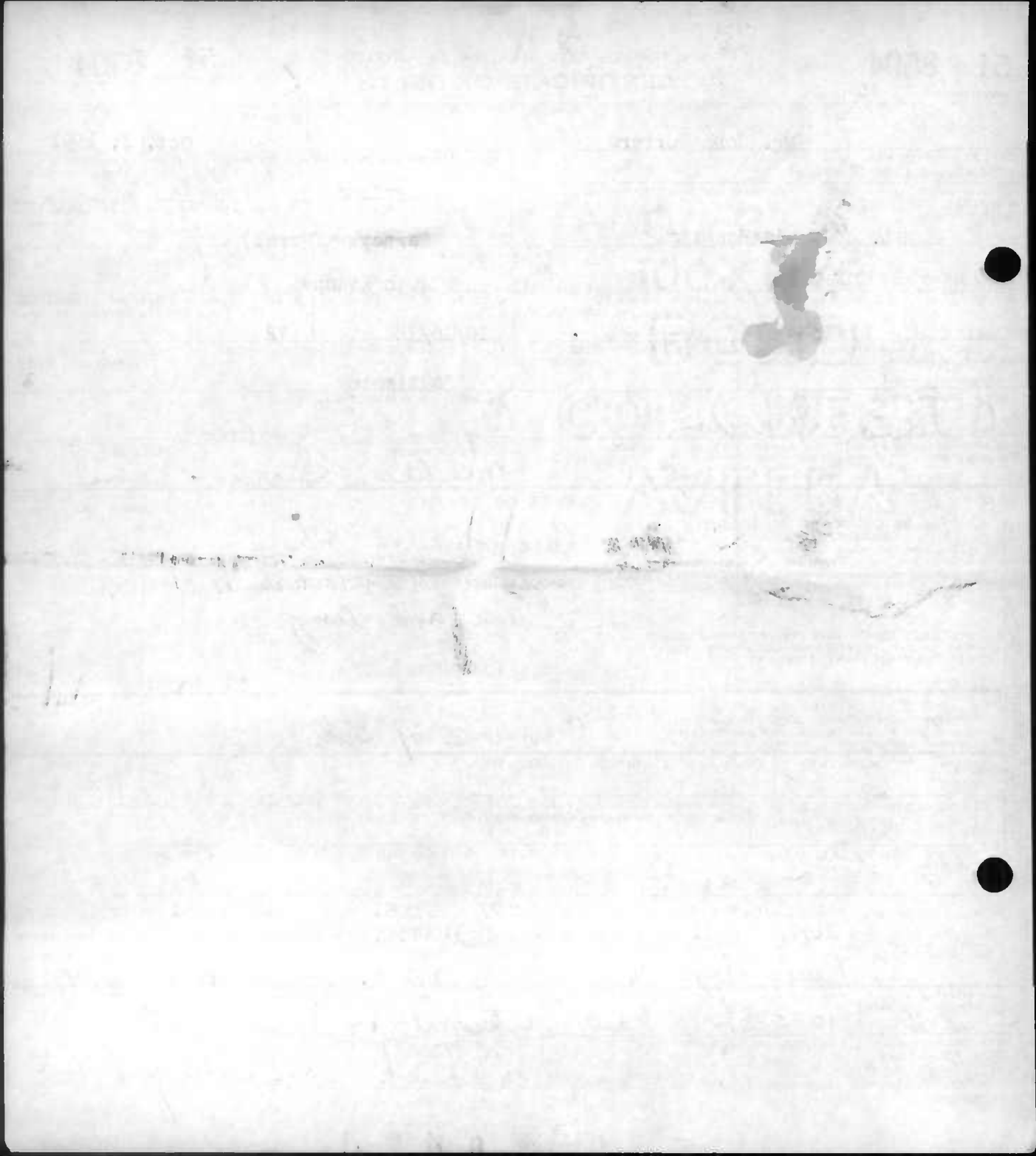
25. FUNERAL DIRECTOR

L. J. Luck 5305 Hanford Rd

ADDRESS

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 3 1951



51 8505

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8505

Registered No.

BIRTH NO.

B-320

1. NAME OF DECEASED  
(Type or Print)

ANDRO (ANDREW) BUDAHAZY

2. DATE  
OF

DEATH Oct. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General Hosp.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1625 Locust Street

Length of stay in Baltimore

55

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 30 - 1878

9. AGE (in years  
last birthday)

73

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR  
INDUSTRY

Warehouse

11. BIRTHPLACE (State or foreign country)

Ukrainian

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

✓

14. MOTHER'S MAIDEN NAME

L

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

218-22-0912

17. INFORMANT

ADDRESS

Joseph Budahazy 1623 Locust St

18. E 812.4

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Multiple fractures, abrasions, con-  
DUETO tusions and lacerations

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Rupture of diaphragm with diaphragmatic  
DUETO hernia

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Road

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

Route 301 - beyond Glen Burnie

5200

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Oct. 1, 1951-about 6:30P.m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased d.ed on the day stated above,  
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley S. Denclester

M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR

23C. DATE SIGNED

Oct. 2, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 5-1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem.

24D. LOCATION (City, town, or county)

A. A. Co. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William S. Williams, M.D.

25. FUNERAL DIRECTOR

Wm. S. Fialkowski 2007 Eastern Ave

ADDRESS

VS 151

N-809.2

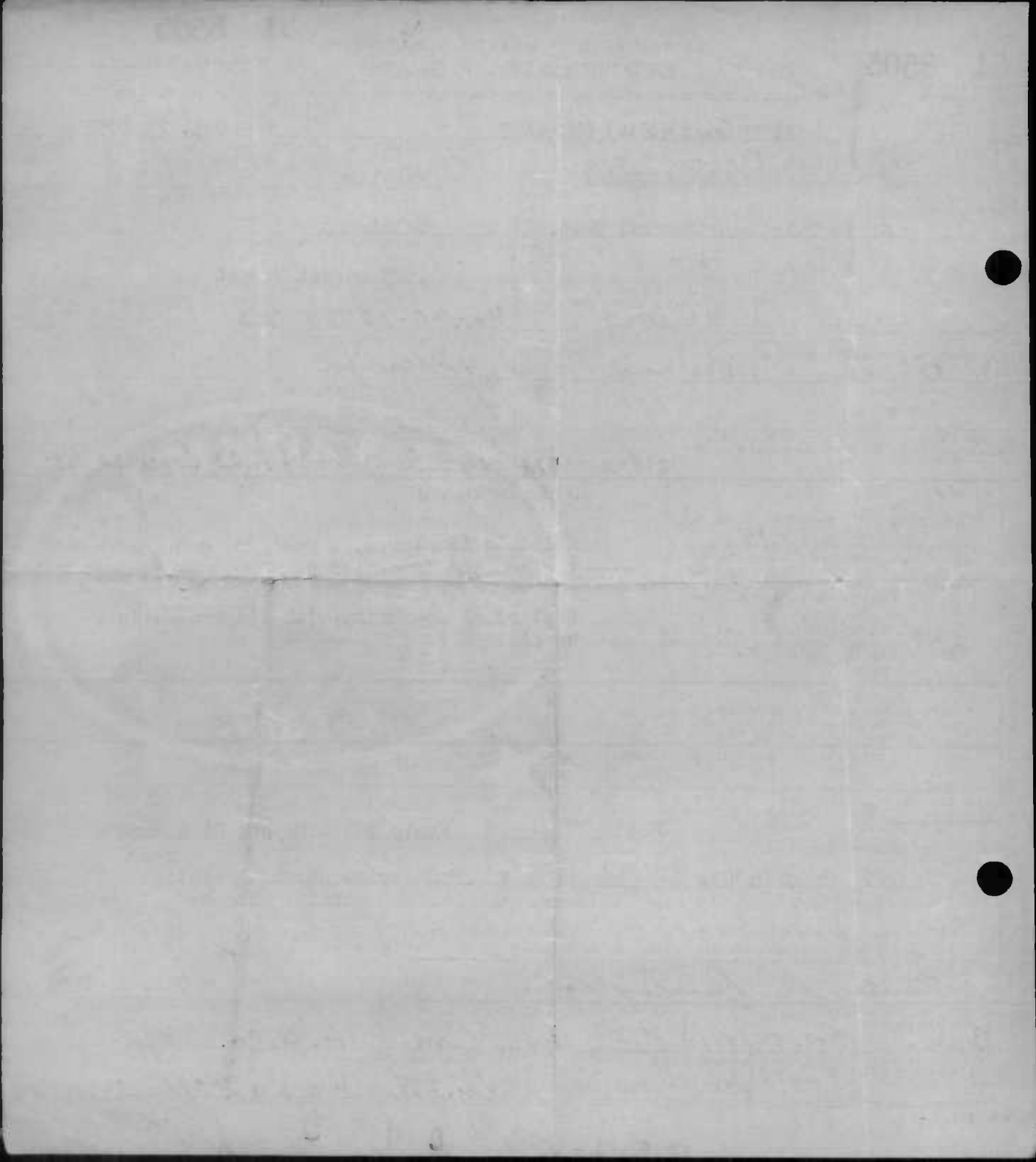
76353

0 1 9 5

170c

MEDICAL CERTIFICATION





51 8506

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8506

Registered No.

BIRTH NO. C-632

1. NAME OF DECEASED  
(Type or Print)

Rev. Randall J. Curtis

2. DATE  
OF  
DEATH

Sept. 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

800 North Appleton Street

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

800 North Appleton Street

16-04

8. DATE OF BIRTH

Sept. 19.73

9. AGE (In years;  
last birthday)

78

11 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Minister

10B. KIND OF BUSINESS OR  
INDUSTRY

Church

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

Robert Curtis

14. MOTHER'S MAIDEN NAME

Evelyn Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Sarah Stevens 800 N. Appleton St

18. 420.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Heart failure (?)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Atherosclerotic Heart Disease

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

General senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23A. SIGNATURE

John W. Kenney

M. D.

23B. ADDRESS

Providence Hosp

23C. DATE SIGNED

9/30/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/3/1951

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

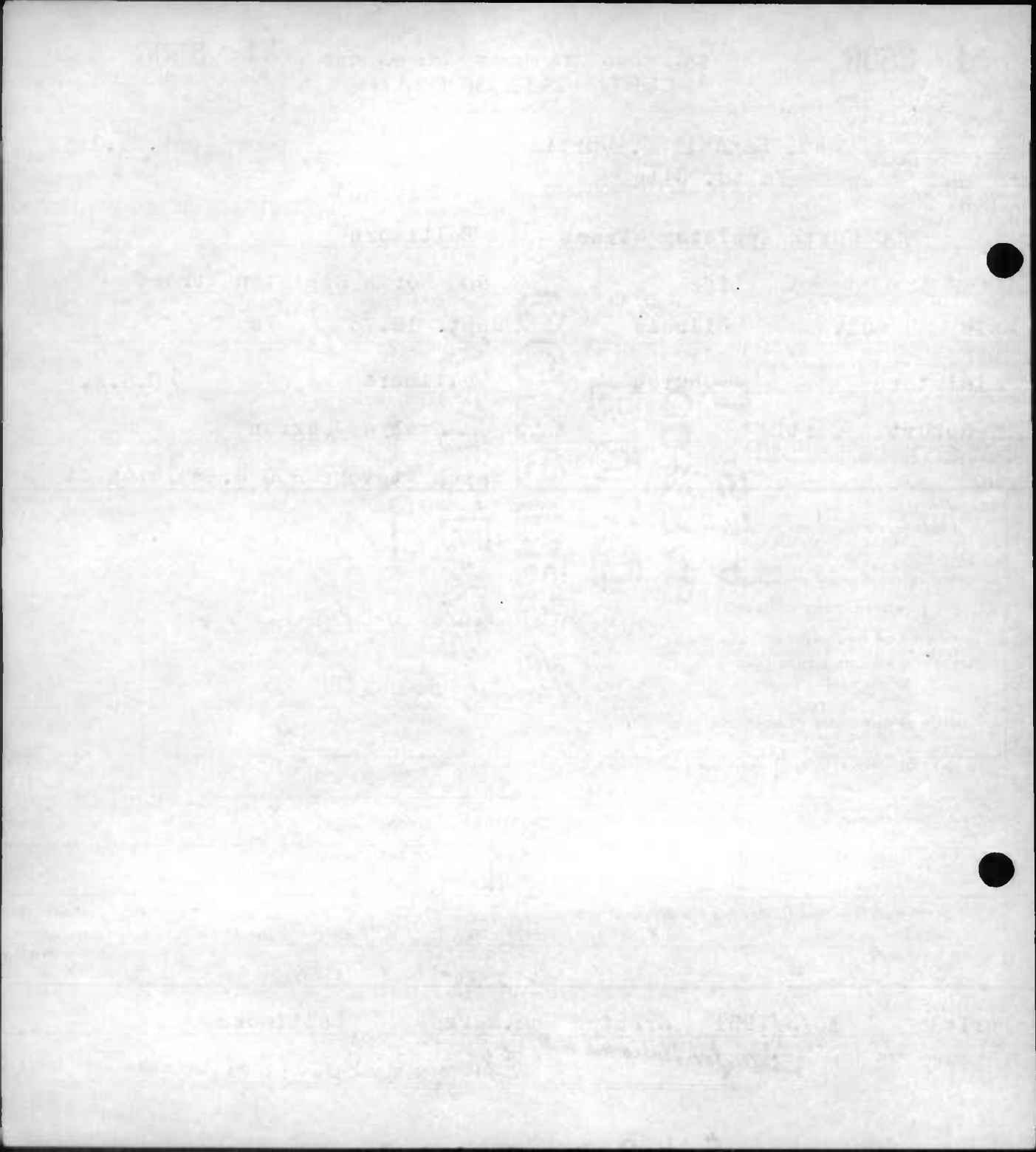
REGISTRAR'S SIGNATURE

L. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

E. O. Wilson 1000 Brantley Rd



51 8507

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8507

Registered No.

BIRTH NO.

W-410

1. NAME OF DECEASED  
(Type or Print)

LEWIS FRANK WOOLF

2. DATE  
OF  
DEATH

Oct. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hosp.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Clothing

10B. KIND OF BUSINESS OR  
INDUSTRY

Own Business

13. FATHER'S NAME

Hamilton E. Woolf

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Sidney E. Woolf - 2215 Windsor Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Acute Cardiac Dilatation

DUE TO

ANTECEDENT CAUSES

(B)

Myocardial damage and  
Coronary disease (Cardiogram 4.17.5-1)

DUE TO

(C)

Age.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 15, 1951 to 10-1-, 1951, that I last saw the  
deceased alive on 10-1-51, 1951, and that death occurred at 10-3-51, from the causes and on the date stated above.

23A. SIGNATURE

J. C. Blake

M. D.

23B. ADDRESS

Med. Arts Bldg. City. 10-3-51

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/4/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

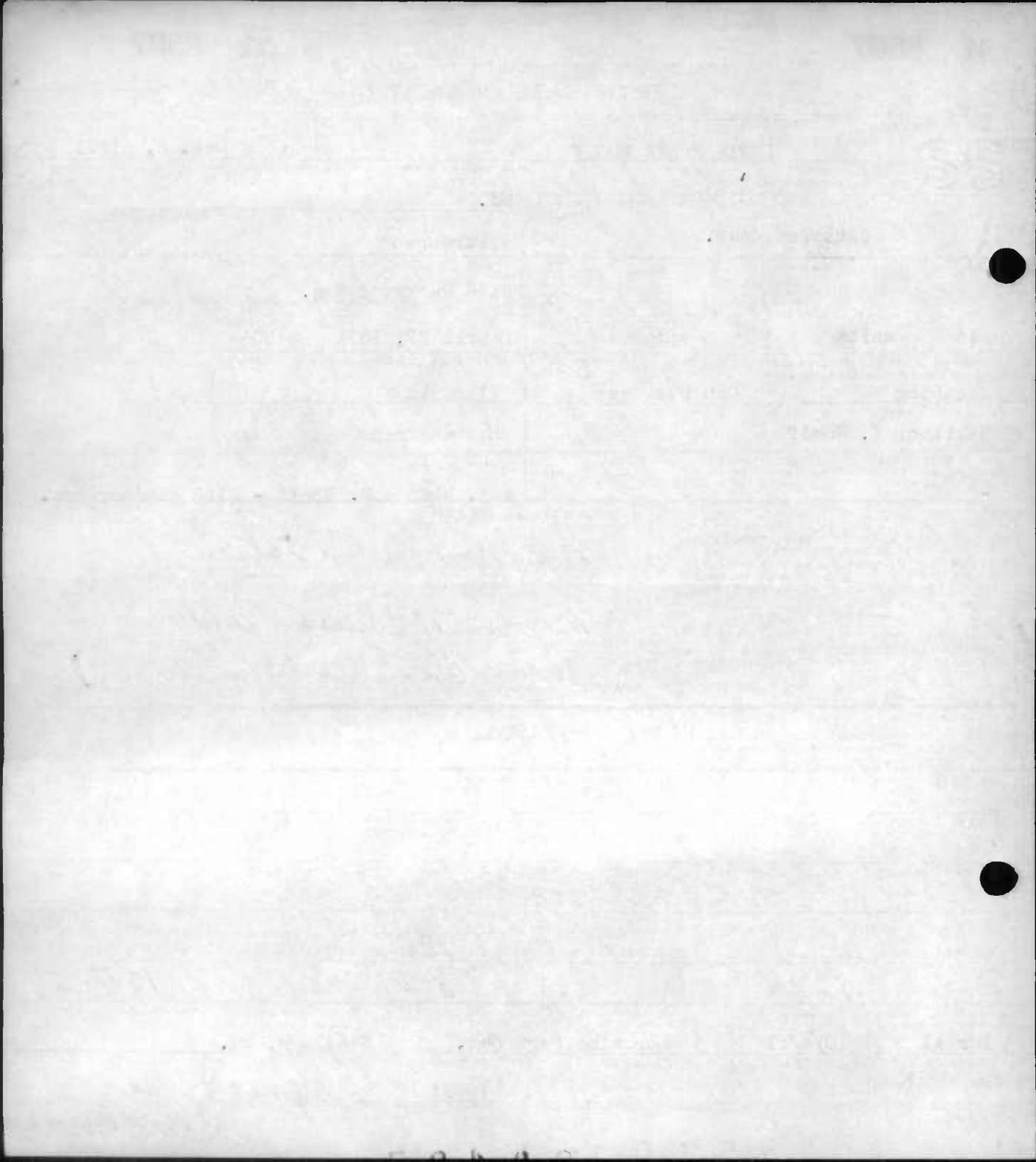
(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 8508  
BIRTH NO. R-400BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8508  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>ELIZA (LILA) P. RUHL</b>		2. DATE OF DEATH <b>Oct. 2, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Somerset</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>3827 Keswick Road - Balto., Md.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Princess Anne</b>	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>6900</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Apr. 6, 1882</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	9. AGE (in years last birthday) <b>69</b>
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Francis H. Dashiell</b>		14. MOTHER'S MAIDEN NAME <b>Sarah Dashiell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Olive Martin - 2900 N. Calvert St.</b>		ADDRESS	

18. <b>4221</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral hemorrhage</b> DUE TO <b>arteriosclerotic cardiovascular disease</b>	CAUSE OF DEATH (A) <b>Cerebral hemorrhage</b> (B) <b>arteriosclerotic cardiovascular disease</b> (C) _____	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE <b>Stanley H. Durlacher</b> M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>Oct. 2, 1951</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/4/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Pikesville, Md.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 3 1951</b>	REGISTRAR'S SIGNATURE <b>Stanley H. Durlacher</b>	25. FUNERAL DIRECTOR <b>Wm. J. Tichner &amp; Sons</b>	ADDRESS <b>937 Balto, Md.</b>
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8258

8258

Wm. F. Smith  
1894



51 8509

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8509  
Registered No.BIRTH NO. *m-200*

1. NAME OF DECEASED (Type or Print)		LUCY B. MOSS		2. DATE OF DEATH		Oct. 1, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Long Green Nursing Home 115 E. Melrose Ave.				A. STATE Md.			
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore				D. STREET ADDRESS (If rural, give location) 601 Kingston Rd.			
5. SEX female		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Oct. 31, 1870	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Hollaway				14. MOTHER'S MAIDEN NAME Virginia Gordon			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Mrs. Marjorie Mohlenrich - 601 Kingston Rd.			

18. <i>4/22/1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Uremia</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>2 wks.</i> <i>6 m</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Arterio-sclerotic C.V. Disease</i> DUE TO		
(C) .....		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Feb. 1*, 1951, to *Oct. 1*, 1951, that I last saw the deceased alive on *Oct. 1*, 1951, and that death occurred at *11 A* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Clay H. Johnson</i>		23B. ADDRESS <i>5111 York Rd</i>		23C. DATE SIGNED <i>Oct. 2, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE <i>10/4/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>					

DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 3 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. J. Dickner &amp; Sons</i>		25. FUNERAL DIRECTOR <i>Wm. J. Dickner &amp; Sons</i>	
VS 150		<i>937 Balto. Md.</i>			

MEDICAL CERTIFICATION



51 8510

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8510

Registered No.

BIRTH NO. H-200

1. NAME OF DECEASED  
(Type or Print)

DONALD HAWK-

2. DATE  
OF  
DEATH

10-2-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSP-

C. Length of stay in Baltimore

3

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

8 months

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORKNOT WHILE  
AT WORK22. I hereby certify that I attended the deceased from 9-30-1951 to 10-2-1951, that I last saw the  
deceased alive on 10-2-1951, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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B-624

51 8511

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8511

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Howard L. Burgerding</b>		2. DATE OF DEATH <b>10-3-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto</b>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>Baltimore, Md.</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>4505 Walther Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, Md.</b>	
6. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>4505 Walther Avenue</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>7-12-92</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>59</b>
13. FATHER'S NAME <b>George C.</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Emma Ritter</b>	
17. INFORMANT <b>George A. Burgerding</b>		ADDRESS <b>4505 Walther Ave.</b>	

18. <b>002 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary Tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Diagnosed 1950</b>
CAUSE OF DEATH (A) <b>Pulmonary Tuberculosis</b> DUE TO		
(B) <b>Immediate cause of death</b> DUE TO <b>Cardiac dilatation + pulmonary edema dilatation</b>		
(C) <b>Cardiac dilatation + pulmonary edema dilatation</b>		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <b>TIME</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>October</b> , 19 <b>50</b> , to <b>Oct 3</b> , 19 <b>51</b> , and that death occurred at <b>2 A</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>W. H. Hayward</b>		23B. ADDRESS <b>13 E. Eager St</b>		23C. DATE SIGNED <b>Oct 3-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-6-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore</b>	
24D. LOCATION (City, town, or county) <b>Baltimore, Maryland</b>		24E. LOCATION (City, town, or county) <b>Baltimore, Maryland</b>		24F. LOCATION (City, town, or county) <b>Baltimore, Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 4 1951</b>		REGISTRAR'S SIGNATURE <b>W. H. Hayward</b>		25. FUNERAL DIRECTOR <b>Lilly &amp; Zeiler, Inc.</b>	
ADDRESS <b>403 S. Wolfe Street</b>		ADDRESS <b>403 S. Wolfe Street</b>		ADDRESS <b>403 S. Wolfe Street</b>	

1. Dr. Hayward  
13-15 C. Cagn H,

2. Hy STREET

311 C

51 8512

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 8512

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>CHARLES DAVENPORT</b>		2. DATE OF DEATH <b>Oct. 2, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Johns Hopkins Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>109 S. Dallas Street</b>		3-01	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>May 8, 1918</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steel worker</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Butcher's Store</b>	9. AGE (in years last birthday) <b>33</b>
13. FATHER'S NAME <b>Jack Davenport</b>		14. MOTHER'S MAIDEN NAME <b>Malinda Davenport</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>214-221134</b>	
17. INFORMANT <b>Isabelle Davenport</b>		ADDRESS	

18. **E 982X**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Laceration of heart**  
DUE TO **stab wound of chest**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21C. WHERE DID INJURY OCCUR? <b>109 S. Dallas Street</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Oct. 2, 1951-about 1:15A.m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Sharp instrument</b>	
22. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>Stanley B. Deuelade</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED <b>Oct. 2, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24B. DATE <b>Oct 4/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>William M.</b>	
24D. LOCATION (City, town, or county) (State) <b>Farmville Va</b>		25. FUNERAL DIRECTOR <b>Mrs. R. G. Edith &amp; Daughter</b>			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		ADDRESS	

VS 151

N-861.2

6903A

1129116

Caroline St

MEDICAL CERTIFICATION



1991

51 8513

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8513

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Julia Moylan

2. DATE  
OF  
DEATH

Oct. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1317 Aisquith St

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1317 Aisquith St

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Mar 28 1871

9. AGE (In years last birthday)

81

10 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Co. Cork, Ireland

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Cornelius Moylan

14. MOTHER'S MAIDEN NAME

Ellen Mullane

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Nora Moylan, 1317 Aisquith St

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio-Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept. 24, 1951, to Oct. 2, 1951, that I last saw the deceased alive on Sept. 24, 1951, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William H. Fusting

M. D.

23B. ADDRESS

11 E. Chase St.

23C. DATE SIGNED

10-3-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 6, 1951

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Rita Wiedefeld, 900 E. Biddle St

211-111111

12-11-11

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S-426  
51 8514

51 8514

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>ELIZABETH V. SCHLOSSER</b>			2. DATE OF DEATH <b>Oct. 2, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>D. C.</b> B. COUNTY <b>V-48</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <b>Little Sisters of the Poor</b> <b>1200 Valley Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Washington</b>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>2203 - 42nd St., N. W.</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>	8. DATE OF BIRTH <b>Sept. 9, 1870</b>	9. AGE (In years last birthday) <b>81</b>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>			11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <b>Patrick Reilly</b>			14. MOTHER'S MAIDEN NAME <b>Verona Brice</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <b>S. H. Hines Co., - 2901 - 14th St., N. W.</b>			ADDRESS <b>Wash., D. C.</b>		

18. <b>422-1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Chronic Myocarditis</b> (A) _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b> <b>3 yrs</b>
ANTECEDENT CAUSES <b>Arterio Sclerosis</b> (B) _____ DUE TO _____		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ DUE TO _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION <b>10/5/51</b>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **Sept 30, 1951**, to **Oct 2, 1951**, that I last saw the deceased alive on **Oct 2, 1951**, and that death occurred at **1:45 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>E. Gill Hall M.D.</b>	23B. ADDRESS <b>1631 E. North ave</b>	23C. DATE SIGNED <b>Oct 3-1951</b>
--	--	---------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/5/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Cedar Hill Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Prince George Co., Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 4 1951</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR <b>S. H. Hines Co - Wash., D. C.</b>	

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8515

Registered No. \_\_\_\_\_

BIRTH NO. *S-530*

1. NAME OF DECEASED (Type or Print) <b>ANNA R. SMITH</b>			2. DATE OF DEATH <b>Oct. 3, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>3311 Woodland Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>3311 Woodland Ave.</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Apr. 15, 1873</b>		9. AGE (In years last birthday) <b>78</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <b>---</b>			14. MOTHER'S MAIDEN NAME <b>---</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS <b>Mr. Stewart W. Smith - 3311 Woodland Ave.</b>		

18. <b>170X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cancer of the Breast</b> DUE TO (A) _____ ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <b>4-5 yr.</b>
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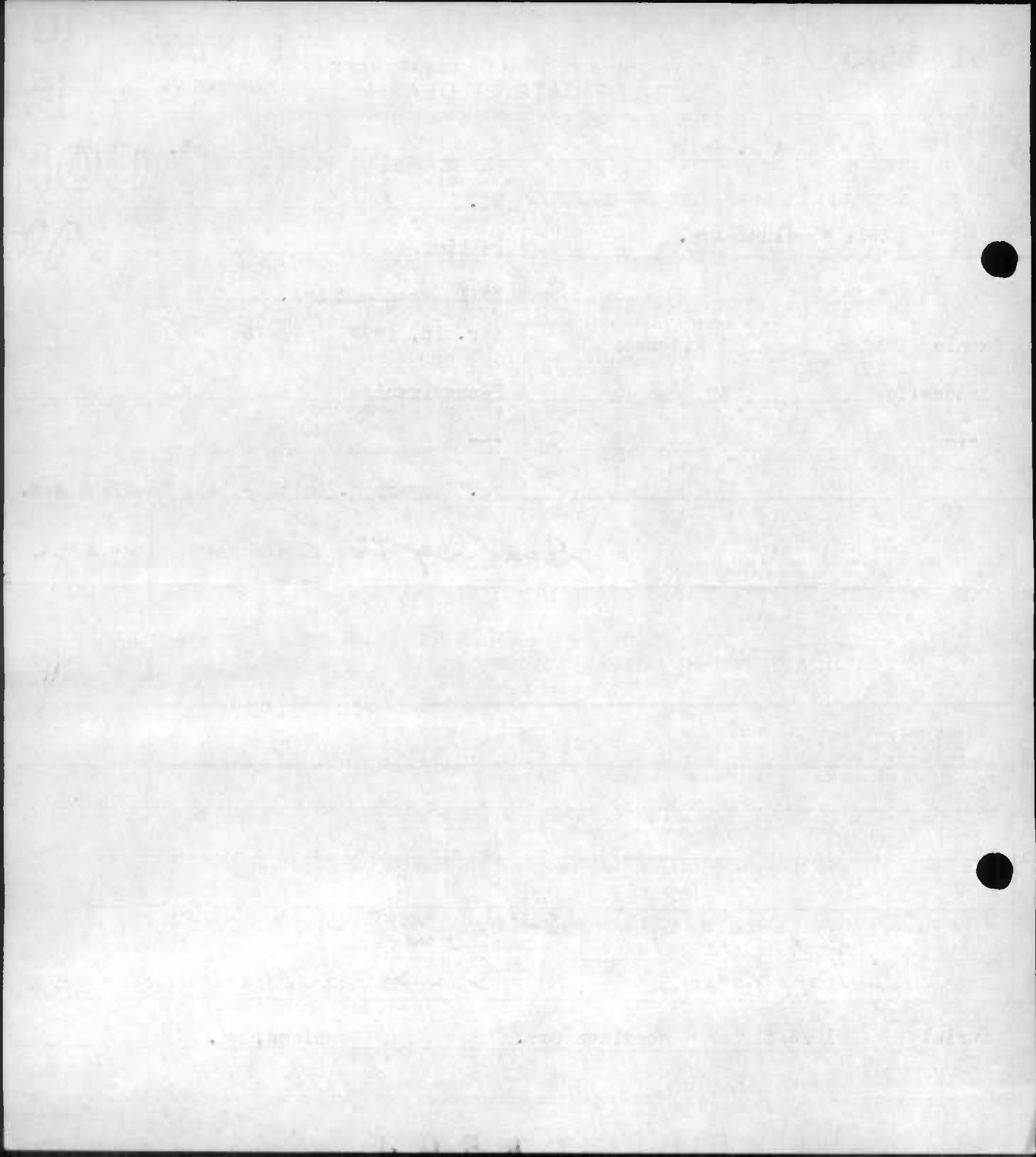
19A. DATE OF OPERATION <b>10/5/51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from *April 20*, 19*48*, to *Oct 3*, 19*51*, that I last saw the deceased alive on *Oct 2*, 19*51*, and that death occurred at *3:00* a.m., from the causes and on the date stated above.

23A. SIGNATURE *Charles H. Keelson* M. D. 23B. ADDRESS *3700 Hallingdon* 23C. DATE SIGNED *Oct 3, 1951*

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **10/5/51** 24C. NAME OF CEMETERY OR CREMATORY **Woodlawn Cem.** 24D. LOCATION (City, town, or county) (State) **Woodlawn, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **OCT 4 1951** REGISTRAR'S SIGNATURE *William Williams* 25. FUNERAL DIRECTOR *Wm. J. Vicknery* ADDRESS **50 Balto. Md.**





9-264

51 8516

51 8516

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print)		WILLIAM GISRIEL, JR.		2. DATE OF DEATH		October 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location)				A. STATE Md.			
INSTITUTION 3414 Oakenshaw Place				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 3414 Oakenshaw Place 12-0V			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 28, 1877		9. AGE (In years last birthday) 74	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President				10B. KIND OF BUSINESS OR INDUSTRY Brass Works		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?				12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME William Gisriel				14. MOTHER'S MAIDEN NAME Martha Cornelius			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.			
17. INFORMANT				ADDRESS Mrs. Grace A. Gisriel - 3414 Oakenshaw Pl.			

19. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH A. <i>Interosderotic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH 6 months	
ANTECEDENT CAUSES		B. _____		_____	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		C. _____		_____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 16, 1951, to Oct 2, 1951, that I last saw the deceased alive on Oct 1, 1951, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE  
*William F Pearce*

M. D.

23B. ADDRESS  
*2105 N Charles St*

23C. DATE SIGNED  
*Oct 3, 1951*

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24B. DATE

10/5/51

24C. NAME OF CEMETERY OR CREMATORY  
**Woodlawn Cem.**

24D. LOCATION (City, town, or county) (State)  
**Woodlawn, Md.**

DATE RECEIVED BY LOCAL REGISTRAR  
*Oct 4 1951*

REGISTRAR'S SIGNATURE

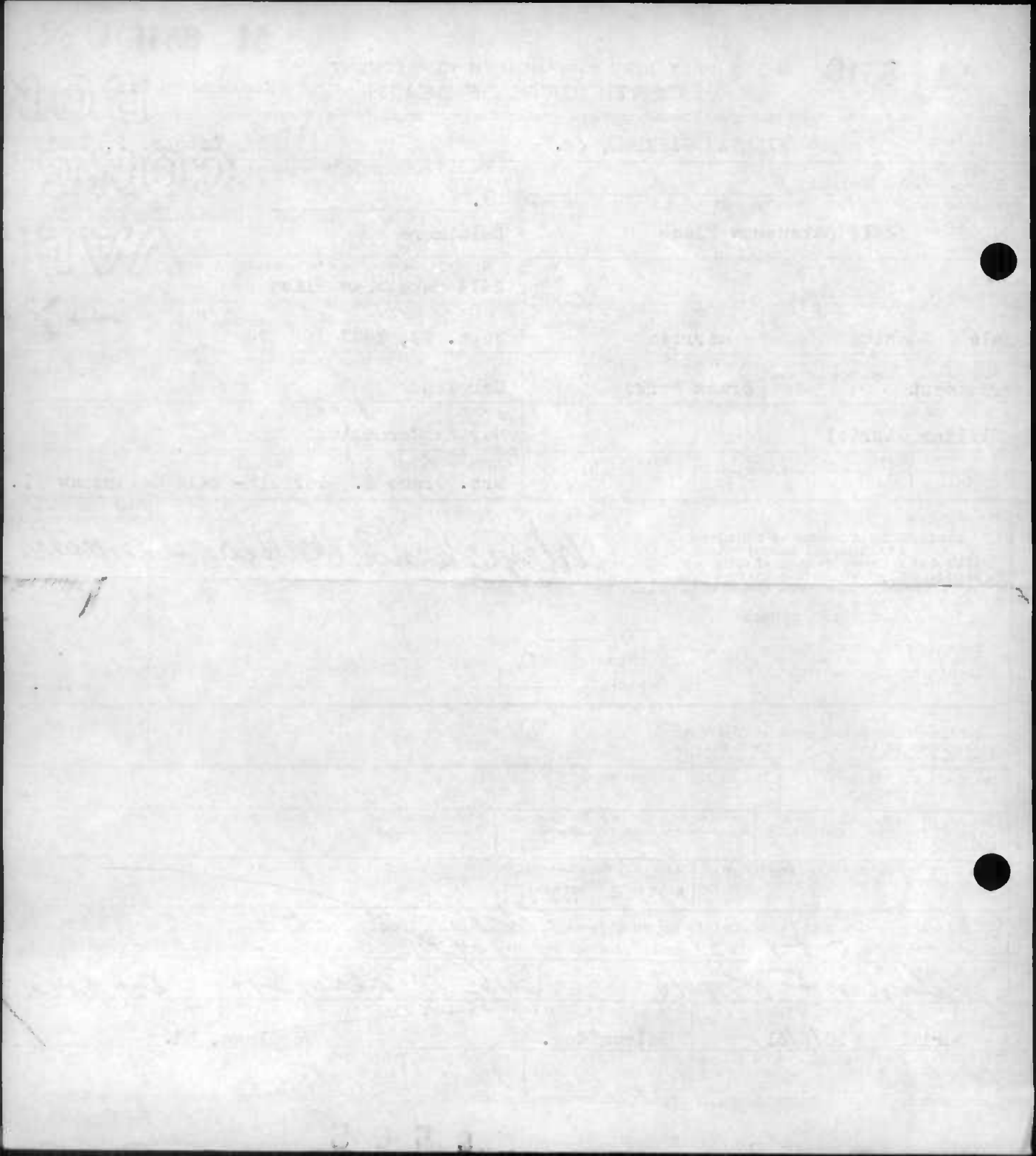
*William F Pearce*

25. FUNERAL DIRECTOR

*Wm. J. Dickner & Sons*

ADDRESS

2903C 930930 (Barto, Md.)



51 8517  
W-340BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

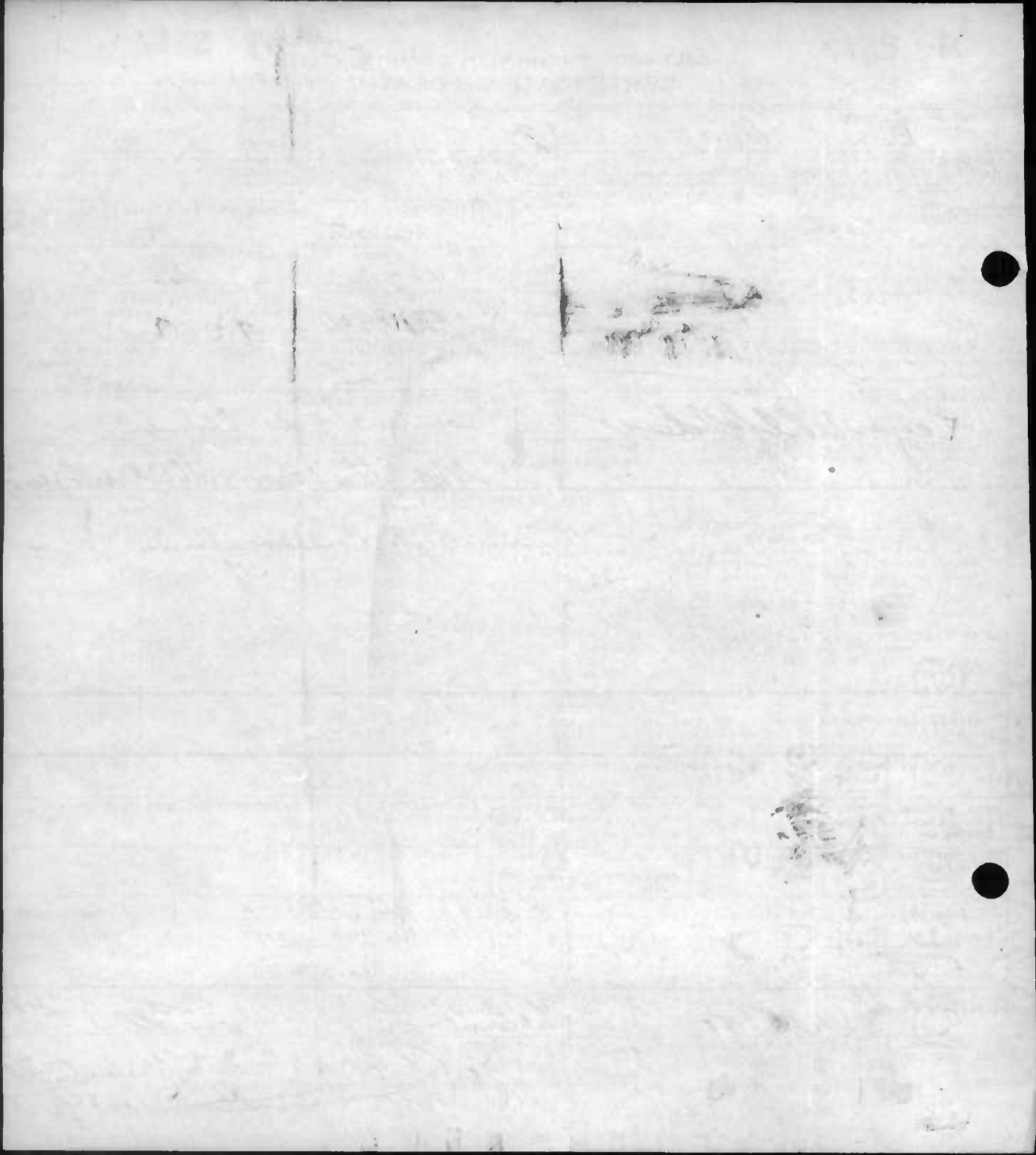
51 8517

Registered No.

BIRTH NO. <i>W-340</i>		2. DATE OF DEATH <i>10-2-51</i>	
1. NAME OF DECEASED (Type or Print) <i>BESSIE WHITEHILL</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Mercy</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1129 McKean Ave 16-24</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>Sept 9/1894</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>57</i> Months <i>0</i> Days <i>23</i>
13. FATHER'S NAME <i>Meyer Khlfelder</i>		11. BIRTHPLACE (State or foreign country) <i>Ind</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Caroline Thaeheimer</i>	
17. INFORMANT <i>Mrs. Etta Hann</i>		ADDRESS <i>1613 Dargatzis Ave</i>	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Arteriosclerotic Cardiovascular Dis.</i> INTERVAL BETWEEN ONSET OF DEATH <i>5 yrs.</i>	CAUSE OF DEATH (A) <i>Arteriosclerotic Cardiovascular Dis.</i> DUE TO (B) DUE TO (C)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Sept. 18</i> , 19 <i>51</i> , to <i>Oct. 2</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Oct 2</i> , 19 <i>51</i> , and that death occurred at <i>9:00 A</i> m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Anthony J. McQuinn</i>	23B. ADDRESS <i>Mercy Hosp.</i>	23C. DATE SIGNED <i>10-2-51</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>Oct 5/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>West Haven Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Balto 5th</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 4 1951</i>	REGISTRAR'S SIGNATURE <i>John J. McQuinn</i>	25. FUNERAL DIRECTOR <i>J. Thomas Co 2432 Baltimore Rd</i>		



G- 326  
51 8518BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8518

Registered No.

BIRTH NO. 51-23287

1. NAME OF DECEASED (Type or Print) <i>Baby Girl Gutter</i>			2. DATE OF DEATH <i>10/1/51</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Md</i> b. COUNTY <i>Harford</i> c. CITY OR TOWN <i>Balto. Ind. Essex</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mary</i>			d. STREET ADDRESS (If rural, give location) <i>62 Essex Ave. 21 5200</i>		
6. Length of stay in Baltimore <i>3 hours</i>			8. DATE OF BIRTH <i>10/1/51</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			9. AGE (in years last birthday) <i>3 0</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>		
13. FATHER'S NAME <i>Charles Gutter</i>			14. MOTHER'S MAIDEN NAME <i>Elda Rumpf.</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. <i>776 X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Respiratory arrest</i> DUE TO (B) <i>Prenatally.</i> DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>3 hours</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/1/51</i> , 19 <i>51</i> , to <i>10/1/51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>10/1/51</i> , 19 <i>51</i> , and that death occurred at <i>2:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John R. Buell Jr.</i> M. D.		23B. ADDRESS <i>Mary Hospital</i>		23C. DATE SIGNED <i>10/2/51</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 4-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Sacred Heart Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Balto Co, Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>John G. Connelly</i>		ADDRESS <i>718 Eastern</i>	

OCT 4 1951

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W-256  
51 8519BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8519

BIRTH NO. 51-06254

1. NAME OF DECEASED  
(Type or Print)

WAYNE ALLEN WAGONER

2. DATE  
OF  
DEATH

October 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Memorial Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 14  
April 8-19519. AGE (in years  
last birthday)10 Under 1 Year  
Months: Days

6 19

11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Percy Beryl Waggoner

14. MOTHER'S MAIDEN NAME

Grace Anna Downes

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Percy Beryl Waggoner 2813  
Matthews St.

18. 493X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Early diffuse pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

October 3, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 4 1951  
VS 151

Joseph Garza, Inc. 2013 Greenmount Ave

10913



8173

17

THE UNIVERSITY OF CHICAGO  
LIBRARY OF THE DIVISION OF THE PHYSICAL SCIENCES  
520 EAST 58TH STREET, CHICAGO, ILL. 60637

8173

NOV 19 1964

LIBRARY OF THE DIVISION OF THE PHYSICAL SCIENCES

NOV 19 1964

LIBRARY OF THE DIVISION OF THE PHYSICAL SCIENCES

NOV 19 1964

8173



7-530  
51 8520

51 8520

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Phillip Zint</i>			2. DATE OF DEATH <i>10/2/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Seneca</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-41</i>		
D. Length of stay in Baltimore <i>45</i> Yrs. <i>45</i> Mos. <i>45</i> Days			E. STREET ADDRESS (If rural, give location) <i>2913 OAKLEY AVE.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Aug 8, 1882</i>	9. AGE (In years last birthday) <i>69</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>carver</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Furniture</i>		11. BIRTHPLACE (State or foreign country) <i>Poland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Agnew</i>		14. MOTHER'S MAIDEN NAME <i>Norma</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Samuel Zint - same</i>	

18. <i>443X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cerebro Vascular Acc.</i> (A) _____ DUE TO ANTECEDENT CAUSES (B) <i>HASCUO</i> DUE TO (C) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION <i>10-4-51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9/19</i> , 19 <i>51</i> , to <i>10/2</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>10/2/51</i> , 19 <i>51</i> , and that death occurred at <i>5:30 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Leontine Danner</i> M. D.		23B. ADDRESS <i>Shuai Hosp.</i>		23C. DATE SIGNED <i>10/2/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>10-4-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Rosedale</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 4 1951</i>		24F. REGISTRAR'S SIGNATURE <i>Wm. Williams</i>	
24G. FUNERAL DIRECTOR <i>Jack Lewin</i>		24H. ADDRESS <i>2100 Eutaw Pl</i>		24I. VS 150	

MEDICAL CERTIFICATION

69033

931

1979 11

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

11/1/79

TO : DIRECTOR, FBI (100-441100) FROM : SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

DATE: 11/1/79

BY: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

G-622  
51 8521

51 8521

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>EMMA E. C. GORSUCH</b>		2. DATE OF DEATH <b>10/3/51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>MD</b> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1733 E FEDERAL ST</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 8-06</b>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>1733 E FEDERAL ST</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>MAY 10 - 1873</b>	9. AGE (In years last birthday) <b>78</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>BALTIMORE MD</b>	
13. FATHER'S NAME <b>H. MELCHIOR</b>		14. MOTHER'S MAIDEN NAME <b>NOT KNOWN</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>JOHN W. GORSUCH 1733 Federal St</b>	

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Arteriosclerotic C.V. disease</b> DUE TO <b>(B)</b> DUE TO <b>(C)</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Hypertrophic atherosclerosis</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

19A. DATE OF OPERATION <b>10/6/51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 1944 to Oct. 3, 1951, that I last saw the deceased alive on Oct. 3, 1951, and that death occurred at 10 <sup>59</sup> A. m., from the causes and on the date stated above.					
23A. SIGNATURE <b>W. H. Brenner</b>		23B. ADDRESS <b>1520 E. 33rd St.</b>		23C. DATE SIGNED <b>10-4-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>10/6/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>BALTIMORE</b>	
24D. LOCATION (City, town, or county) <b>BALTIMORE MD</b>		25. FUNERAL DIRECTOR ADDRESS <b>Clara P. Hoffmann 1639 Broadway</b>			

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CT 4 1951  
VS 150

93c

1520 8 33<sup>rd</sup> H  
Mr. Geringer

T-656  
51 8522

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8522

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>TONI TURNER</b>		2. DATE OF DEATH <b>10-3-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>3810 Norfolk Ave</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore <b>5</b> Yrs. <b>5</b> Mos. <b>5</b> Days		D. STREET ADDRESS (If rural give location) <b>3810 Norfolk Ave</b>	
7. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>86</b>
9. AGE (In years and birthday) <b>86</b>		11. BIRTHPLACE (State or foreign country) <b>Poland</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		12. CITIZEN OF WHAT COUNTRY? _____	
10B. KIND OF BUSINESS OR INDUSTRY _____		13. FATHER'S NAME <b>Not known</b>	
14. MOTHER'S MAIDEN NAME <b>Not known</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT <b>Herman Turner</b> ADDRESS <b>2250 Linden Ave</b>	
18. <b>422.1</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>11 days</b>	
ANTECEDENT CAUSES <b>Arterioscl. Cardiac vas. dt.</b>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>General Arteriosclerosis</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____			
19A. DATE OF OPERATION <b>10/3/51</b>		19B. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____			
21D. TIME (Month) (Day) (Year) (Hour) _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>9/22/51</b> to <b>10/3/51</b> , that I last saw the deceased alive on <b>10/3/51</b> , 19 <b>51</b> , and that death occurred at <b>10:30 p.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>H. Weinberg</b>		23B. ADDRESS <b>912 Brooks Lane</b>	
23C. DATE SIGNED <b>10/4/51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-4-51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Rosedale</b>		24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>	
DATE RECEIVED BY LOCAL REGISTRY <b>Oct 4 1951</b>		25. FUNERAL DIRECTOR <b>Jack Lewis Inc</b> ADDRESS <b>2100 Eutan Pl</b>	

Newberger  
912 Grove Lane

Ma 2001  
Mo 7299



M-608  
51 8523BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8523  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNA K. MOORE			2. DATE OF DEATH October 3, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 27-14		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 909 W. University Parkway		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Aug. 12, 1896	9. AGE (In years last birthday) 55	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry J. Kohler			14. MOTHER'S MAIDEN NAME Anne M. Buschman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Dr. Joseph R. Moore Jr. Applewood Lane		

18. 581.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic alcoholism (A) DEATH ANTECEDENT CAUSES Cirrhosis of liver (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
--	--

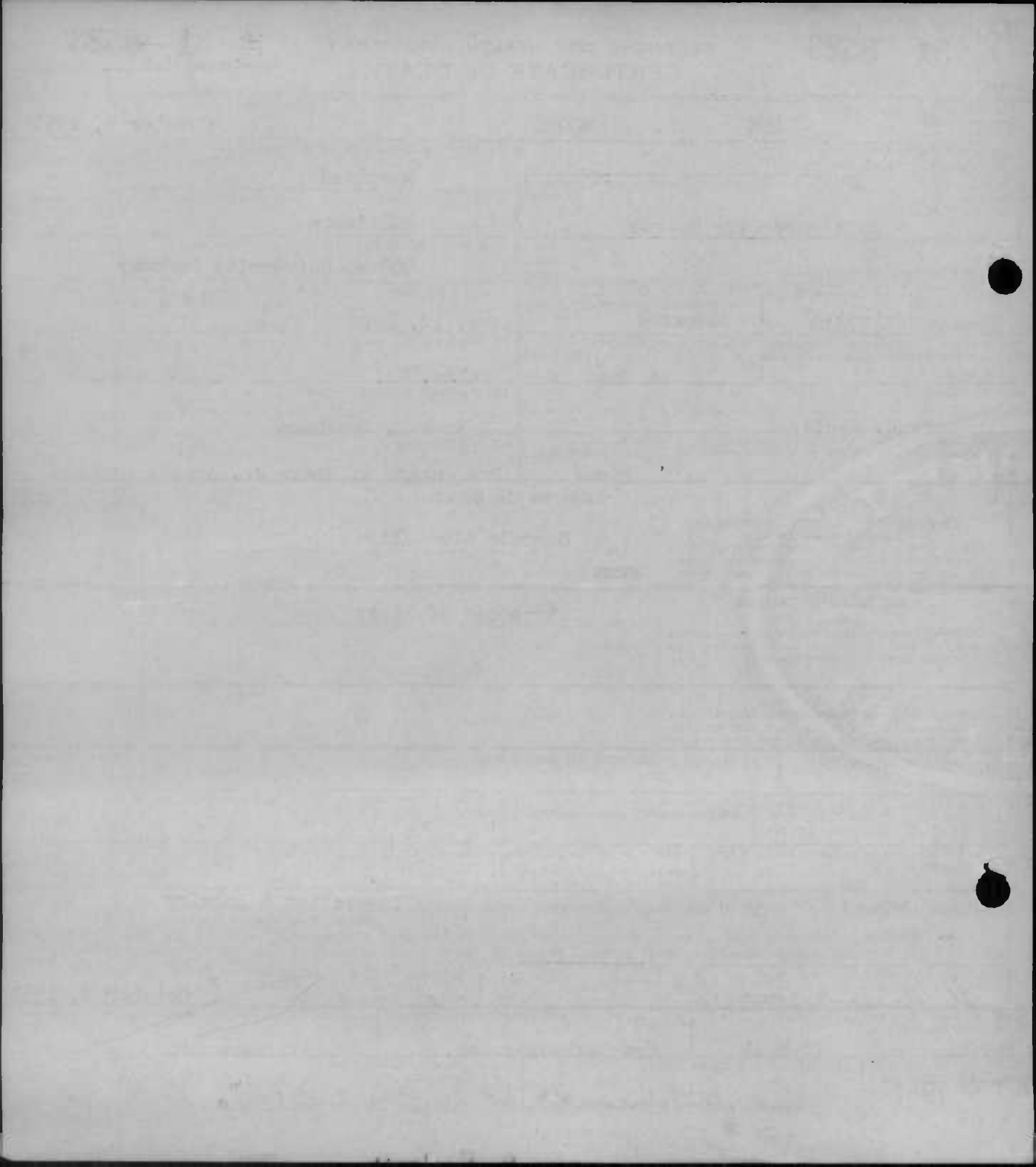
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William Williams	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED October 3, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/6/51	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Md.
---	----------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR OCT 4 1951	REGISTRAR'S SIGNATURE William Williams	25. FUNERAL DIRECTOR Wm. J. Jackson & Sons Inc	ADDRESS Baltimore Md.
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R-216

51 8524

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8524

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GRACE MAE ROSSBERG

2. DATE  
OF  
DEATH

OCT 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
(If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

119 S. Augusta AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE 20-08

D. STREET ADDRESS (If rural, give location)

119 S. Augusta AVE

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

FEMALE White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Sept 24, 1881

9. AGE (In years  
last birthday)

70

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. OCCUPATION (Give kind of  
work done during most of working life, even if retired)

H. WIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

WILLIAM GERWIG

14. MOTHER'S MAIDEN NAME

ISABELLE ISAAC

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
Yes, no or unknown (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

CARL W. ROSSBERG 119 S. Augusta Ave

ADDRESS

18. 331X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

## ANTECEDENT CAUSES

(B)

Essential Hypertension

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

4 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 24, 1951, to Oct 2, 1951, that I last saw the  
deceased alive on Oct 2, 1951, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. McCollins

M. D.

23B. ADDRESS

3321 Frederick Ave

23C. DATE SIGNED

10/3/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-5-1951

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Hoff C. Walters

ADDRESS

3512 Frederick Ave #3a

OCT 4 1951

1973

19

OFFICE OF THE ATTORNEY GENERAL

1973

19

STATE OF TEXAS

COMMISSIONERS

WATTEY

STATE OF TEXAS  
COUNTY OF DALLAS

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said County, this 19th day of January, 1973.

\_\_\_\_\_  
County Clerk

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Witness

M-232

51 8525

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8525

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOSEPH MIKULSKI

2. DATE  
OF  
DEATH

Oct. 2 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

2225 Eastern ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

1-04

C. Length of stay in Baltimore

49 years

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

2225 Eastern Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 19 1880

9. AGE (In years  
last birthday)If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Baker

10B. KIND OF BUSINESS OR  
INDUSTRY

Self Employed

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Bartolomiej Mikulski

14. MOTHER'S MAIDEN NAME

Maryanna

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
Yes, no or unknown (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS 2225

Mrs. Maryanna Mikulski Eastern

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Carboxy Cocaine

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21G. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from Sept 15, 1951, to Oct 2, 1951, that I last saw the  
deceased alive on Oct 2, 1951, and that death occurred at 2 P m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. FINAL CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 4 1951

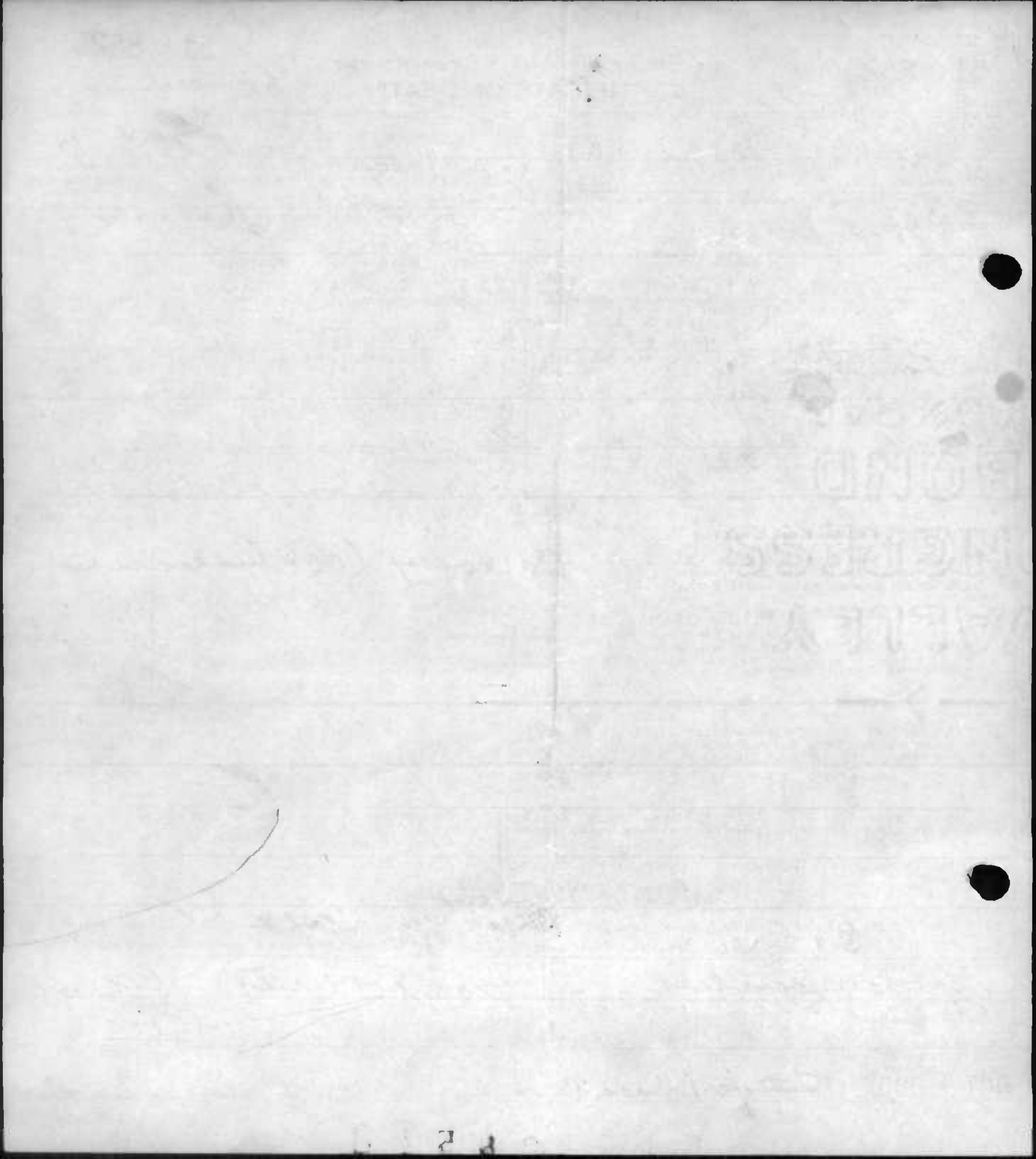
Huntington Williams, Jr.

John H. Weber, 401 S. Chester Street

VS 150

1951 029844 514

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N 240

51 8526

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8526

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Mrs. Eleanor Agnes Nossell</b>		2. DATE OF DEATH <b>Oct. 1, 1951</b>	
3. PLACE OF DEATH: a. <b>Baltimore City, Maryland Baltimore City, Md.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY			
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
c. Length of stay in Baltimore <b>#60/111# Life</b>		d. STREET ADDRESS (If rural, give location) <b>1727 Darley Ave. #13</b>		<b>8-05</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6/11/1911 (6-6-1894)</b>	9. AGE (In years last birthday) <b>57 yrs</b>	10. Under 1 Year Months: <b>3</b> Days: <b>23</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
13. FATHER'S NAME <b>Martin Francis Quinn</b>		14. MOTHER'S MAIDEN NAME <b>Jane Young</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT ADDRESS <b>#111 F. Jerome Nossell-1727 Darley Avenue Baltimore, Md.</b>	
18. <b>443X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Cerebral vascular accident.</b> DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B) Hypertensive cardiovascular disease.</b> DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>II</b>					
19A. DATE OF OPERATION <b>7</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9/29/51</b> , 19__, to <b>10/1/51</b> , 19__, that I last saw the deceased alive on <b>10/1/51</b> , 19__, and that death occurred at <b>6:55Pm.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Razze</b>		23B. ADDRESS M. O. <b>1400 N. Caroline St. #13</b>		23C. DATE SIGNED <b>10/1/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-5-1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Edmondson Ave., Balto: Md.</b>		25. FUNERAL DIRECTOR <b>George J. Ruth, Inc.-1735 Harford Avenue</b>		ADDRESS	



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P-600 51 8527

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8527

1. NAME OF DECEASED (Type or Print) CHARLES E. PERRY		2. DATE OF DEATH September 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. City</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
6. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>22-01</u> Baltimore	
5. Length of stay in Baltimore 12 Yrs.		D. STREET ADDRESS (If rural, give location) 830 South Hanover Street	
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 19, 1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Armour Fertilizer	9. AGE (In years last birthday) 54
13. FATHER'S NAME Unknown		11. BIRTHPLACE (State or foreign country) Virginia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT		ADDRESS Helen Dailey 1709 Saratoga St	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Massive Right Hemothorax DUE TO Stab wound of chest ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 830 S. Hanover Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 15/51 p.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Sharp Instrument	
I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William W. Board		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> 10/1/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/4/1951	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn Md
DATE RECEIVED BY LOCAL REGISTRAR 4 1951	REGISTRAR'S SIGNATURE [Signature]	FUNERAL DIRECTOR ADDRESS Chas. Wilson 1000 Beauty rd	

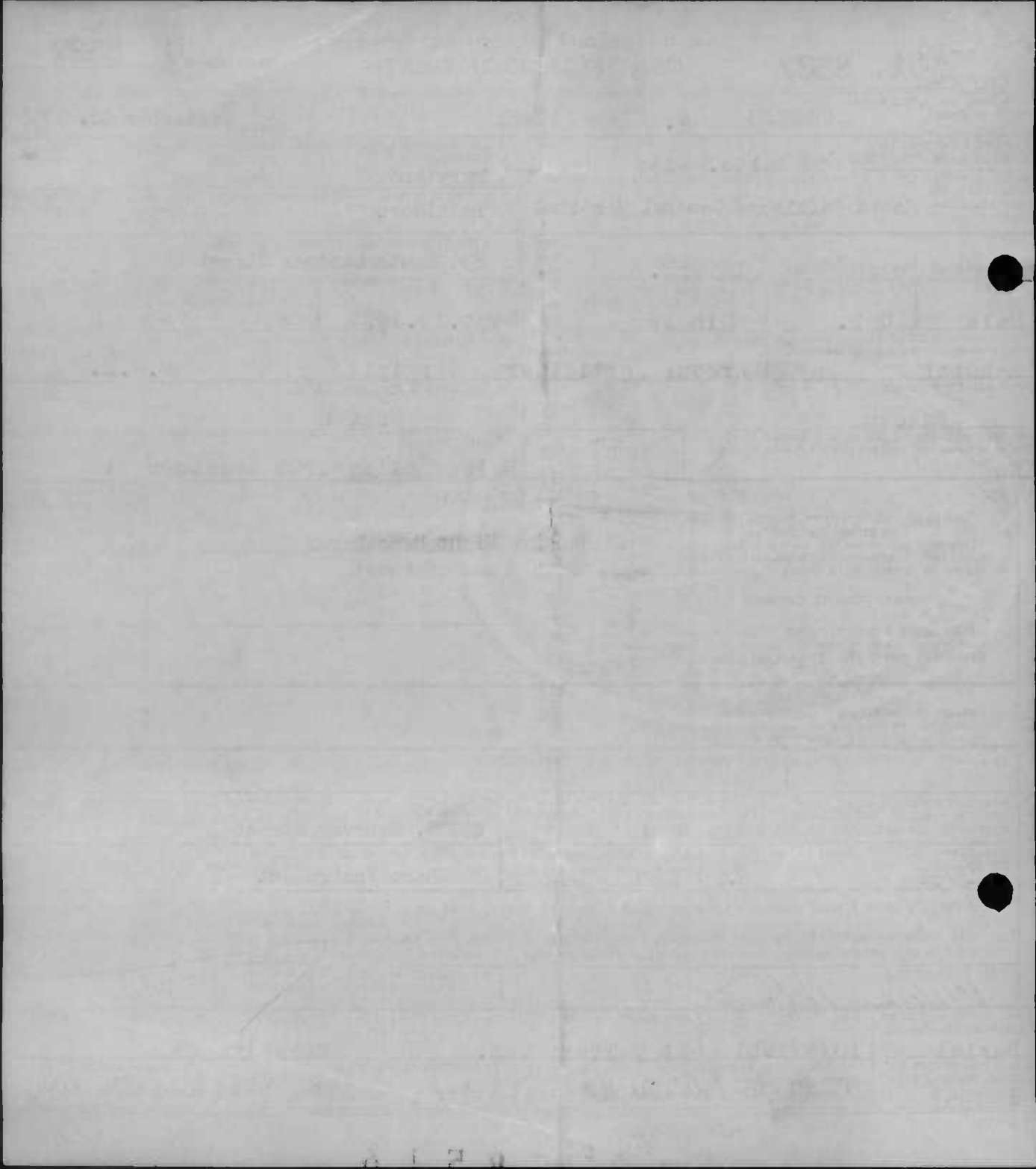
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51 8528

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

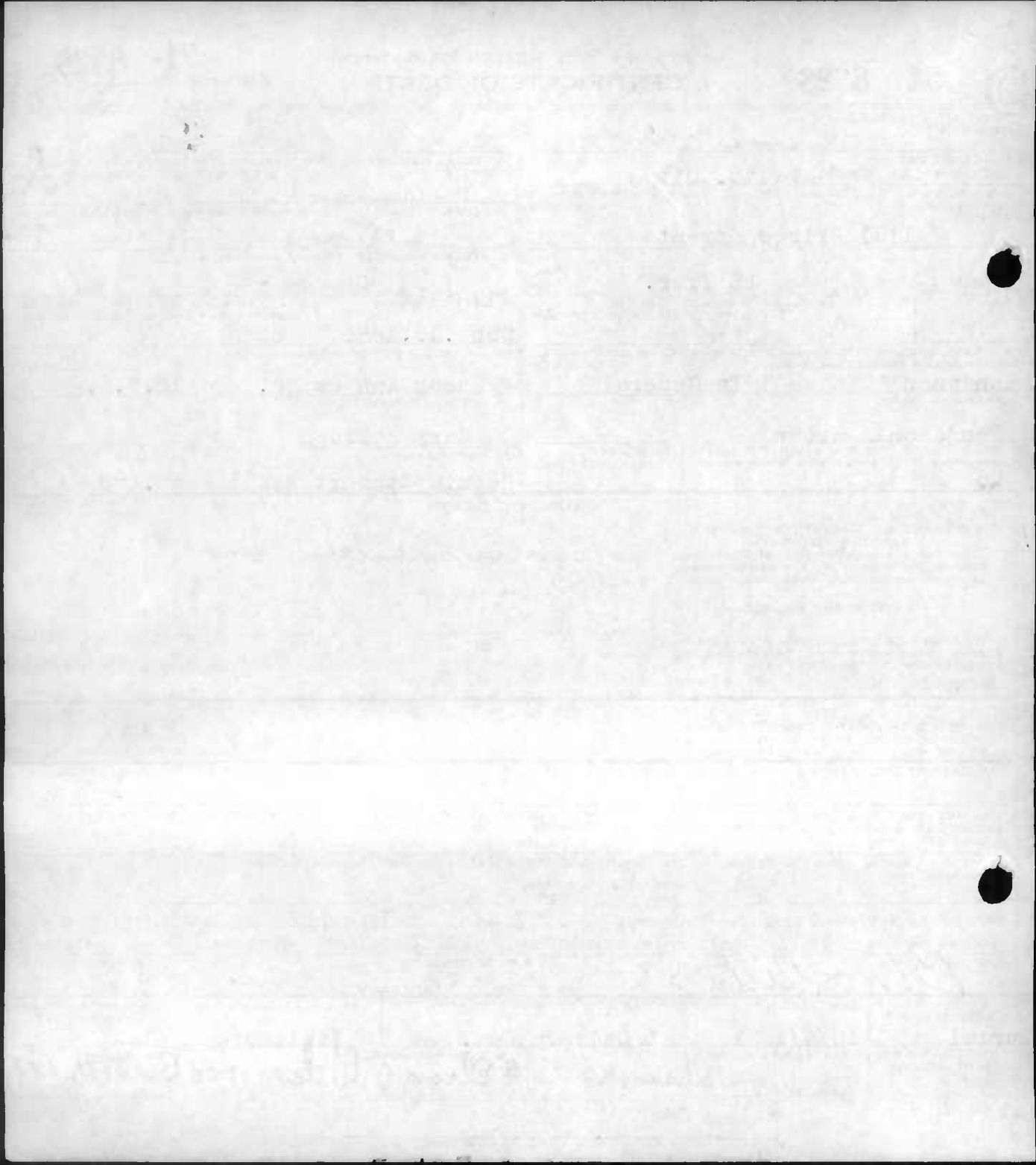
Registered No. 51 8528

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>James Brown</i>		2. DATE OF DEATH <i>Sept. 30, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1131 Brisco Street</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>25 Yres.</i>		D. STREET ADDRESS (If rural, give location) <i>1131 Briscoe St. 21-01</i>			
5. SEX <i>m</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>Sept. 19, 1889</i>	9. AGE (In years last birthday) <i>62</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Handyman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>In General</i>		11. BIRTHPLACE (State or foreign country) <i>Queen Ann Co Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Benjamin Brown</i>		14. MOTHER'S MAIDEN NAME <i>Mary Brown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Naomia Stewart 2422 1/2 Penn. Ave</i>	
18. <i>334X I</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Apoplexy and Paralysis</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C) INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9/21</i> , 1951, to <i>9/30</i> , 1951, that I last saw the deceased alive on <i>9/30</i> , 1951, and that death occurred at <i>12:30 P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Ben R. Rutter Sr.</i>		23B. ADDRESS <i>2139 Druid Hill Ave</i>		23C. DATE SIGNED <i>9/30/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/4/1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem.</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. FUNERAL DIRECTOR <i>Elroy D. Wilson 1100 Brantly Ave</i>		24F. ADDRESS	
24G. DATE RECEIVED BY LOCAL REGISTRAR <i>CT 4 1951</i>		24H. REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		24I. ADDRESS	

MEDICAL CERTIFICATION

97099

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51 8529

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8529

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Samuel Joseph Carey

2. DATE

OF DEATH Oct-1-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1210 Canal Court Apt. B 2

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore 50 Yrs.

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept-7-1882

9. AGE (in years last birthday)

69

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Bethlehem Steel Co Prince Edward

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

Henry B. Carey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mable Plasant 1509 E. Jefferson St

18. E916.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Third Degree Burn &amp; amputation of arm

INTERVAL BETWEEN ONSET AND DEATH

3 mo.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1210 Canal Court # B-2

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

While light was above, clothes caught fire

22. I hereby certify that I attended the deceased from Oct. 1, 1951, to Oct. 1, 1951, that I last saw the deceased alive on Oct. 1, 1951, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

924-N Broadway

10/4/51

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/5/1951

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Choy O. Wilson 1000 Brantly ave

4 VS 5b

Huntington Williams, Jr.

N-949.3

9703A

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May 18 1864

RECEIVED

Chas. B. ...



334

CERTIFICATE CORRECTED 10/9/51 -- ES

51 8530

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

X Registered No. 51 8530

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mr. Harvey S. Stiteler		10-3-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE		B. COUNTY	
Sinai Hospital of Baltimore		Md.		Baltimore	
C. CITY OR TOWN		D. STREET ADDRESS (If rural, give location)			
Baltimore		48 Dundalk Ave.			
5. SEX		6. COLOR OF RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
M		W		M	
10A. USUAL OCCUPATION (Give kind of work done during most of working life. If retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Retired		STEEL MFG.		PENNA.	
13. FATHER'S NAME		16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY?	
SAMUEL STITELER		214-01-3845		U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		17. INFORMANT		ADDRESS	
Yes, no or unknown		Kathryn V. Stiteler - Same		WIFE	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
570.21		Measenteric thrombosis		48 hrs.	
ANTECEDENT CAUSES		(A) DUE TO		26 hrs.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Oct 1 2, 1951 to Oct 3, 1951 that I last saw the deceased alive on Oct 3, 1951 and that death occurred at 3 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Samuel P. Gaby M.D.		Sinai Hospital		10/8/1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
BURIAL		10/6/51		MORELAND MEM. PARK BALTO. Md	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR		ADDRESS	
BALTO. Md		Walter R. Bush, Dundalk, Md.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
		Walter R. Williams, M.D.		ADDRESS	

MEDICAL CERTIFICATION

OCT 4 1951

1951 10 2903DS 12

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Corrections made from corrected certificate  
sent us from Sinai Hospital 10/8/51 covered by  
letter signed by Dr. Samuel D. Gaby, Asst Resident  
in Surgery. 10/9/51 Estepan

See Document File 51-8530

B-200  
51 8531

51 8531

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

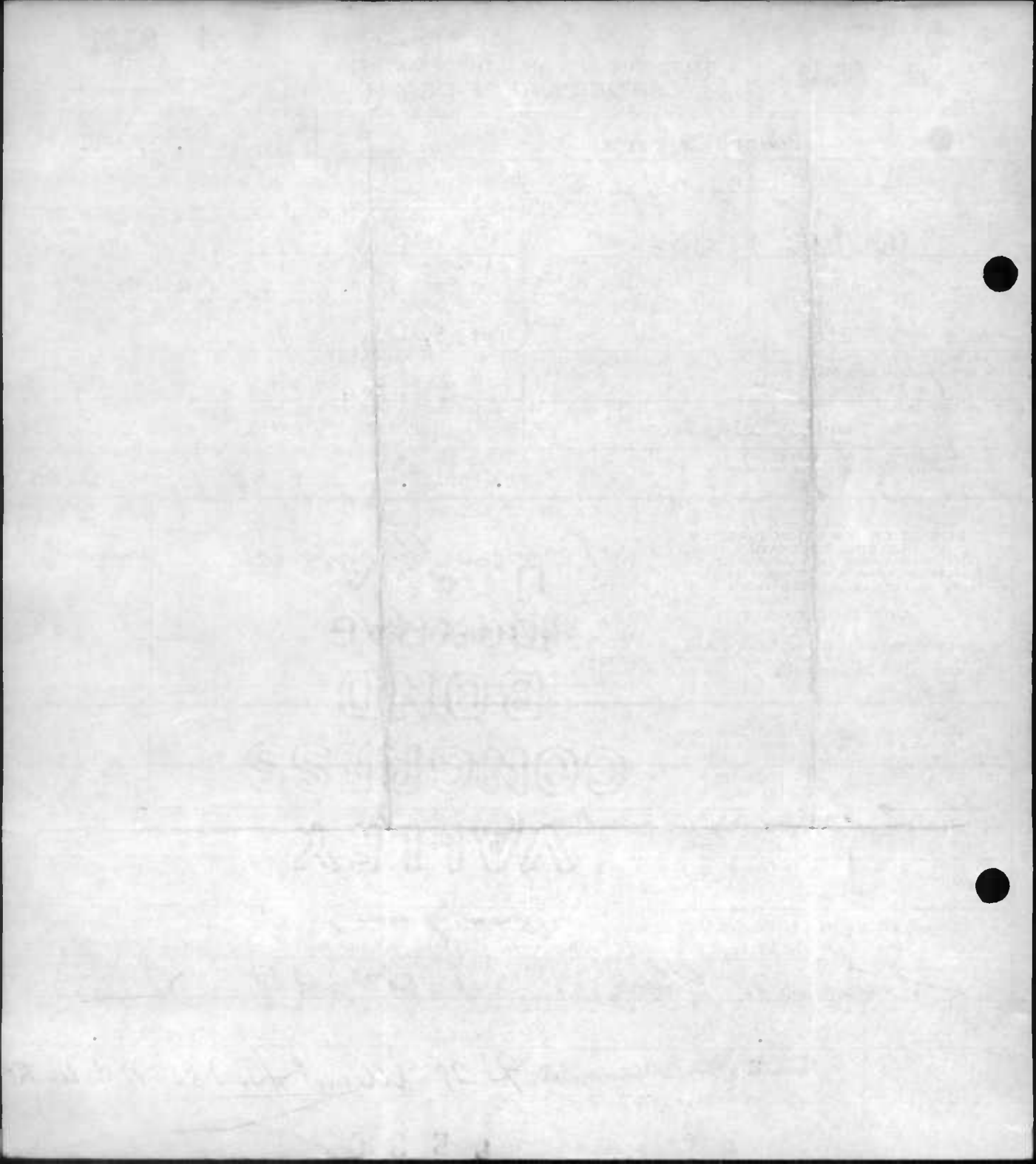
Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Rosebelle Harriet Booz		Oct. 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE		B. COUNTY	
Charles E 34th St.		Maryland			
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location)			
Baltimore		Greenway Apts. Charles & 34th Sts		12-02	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Female		White		Single	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
At Home				July 5, 1864	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		9. AGE (In years last birthday)	
Baltimore, Maryland				87	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
Charles Wesley Booz		Harriet Shinnick		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS		18. CAUSE OF DEATH	
Mr. Earl P. Galleher		6408 Murray Hill Rd		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
				2. ANTECEDENT CAUSES	
				3. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
				4. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
INJURY		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 7/27/47, 19__, to 10/3/51, 19__, that I last saw the deceased alive on 10/3/51, 19__, and that death occurred at 1A m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Francis W. Glueck M.D.		3406 St Paul St		10/3/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Oct. 5 1951		Green Mount	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24D. LOCATION (City, town, or county) (State)	
4 1951		H. St. Williams, M.D.		Baltimore Maryland.	
		25. FUNERAL DIRECTOR		ADDRESS	
		H. St. Williams, M.D.		805 N. Calver St	

MEDICAL CERTIFICATION

1951 10 03 08 52 0

94a



5-230  
51 8532BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8532  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Henry J. Siegel		2. DATE OF DEATH October 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 708 N. Milton Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 708 N. Milton Avenue 7-02	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 16, 1886
9. AGE (In years last birthday) 64		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house painter		10B. KIND OF BUSINESS OR INDUSTRY South Balto. Hospital	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Frederick Siegel		14. MOTHER'S MAIDEN NAME Anna Tusman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown no		16. SOCIAL SECURITY NO. 212-03-2419	
17. INFORMANT Amelia E. Siegel, 708 N. Milton Avenue		ADDRESS	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 470.1 I Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 1 day DUE TO (A) ..... ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) ..... OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C) ..... II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 2, 1951, to Oct 3, 1951, that I last saw the deceased alive on Oct 2, 1951, and that death occurred at 1:30 A.M., from the causes and on the date stated above.			
23A. SIGNATURE Jacob Fisher		23B. ADDRESS 1823 N. West St.	
23C. DATE SIGNED 10/3/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 10/6/51	
24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR OCT 4 1951		REGISTRAR'S SIGNATURE Wm. Cook, Inc.	
25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street	

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PRESS  
AND



H-156  
51 8533BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8533  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Felix Hubner		2. DATE OF DEATH October 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2104 Cliftwood Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2104 Cliftwood Avenue	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Nov. 27, 1862
9. AGE (in years last birthday) 88		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) et- Leather Tanner		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Jacob Hubner		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Adelaide Hammann, 2104 Cliftwood Avenue		ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Coronary Thrombosis Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH	(A) DUE TO	(B) DUE TO	(C) DUE TO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1949 to October 3, 1951, that I last saw the deceased alive on October 2, 1951, and that death occurred at 5:15 p. m., from the causes and on the date stated above.					
23A. SIGNATURE K. Trangen		23B. ADDRESS 1912 E. Belvedere Dr.		23C. DATE SIGNED October 3, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 10/6/51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR Oct 4 1951		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Hm. Cook, Inc.,		24H. ADDRESS 1217 St. Paul Street		24I. DATE RECEIVED BY LOCAL REGISTRAR Oct 4 1951	



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100% A

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51 8534

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8534

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

George W. OTTO

2. DATE  
OF  
DEATH

Oct 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BRADY 3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

MARYLAND

5. FULL NAME OF (If not in hospital or institution, give street address or  
location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE

20-05

D. STREET ADDRESS (If rural, give location)

2223 McHENRY ST.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MALE White

MARRIED

8. DATE OF BIRTH

2-22-80

9. AGE (In years  
last birthday)

71

11 Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Artist

10B. KIND OF BUSINESS OR  
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Henry Otto

14. MOTHER'S MAIDEN NAME

Margaret Altvater

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.17. INFORMANT  
ADDRESS

JOHNS HOPKINS HOSPITAL

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Carcinoma of Prostate, carcinoma

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 2-19-1951, to 10-3-1951, that I last saw the  
deceased alive on 10-3-1951, and that death occurred at 3:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John T. Grayhawk

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY  
LOCAL REGISTRAR

Huntington Williams, Jr.

Wm Cook Inc. 1217 St. Paul St.

4-1051  
VS 150

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 8535

Registered No. \_\_\_\_\_

51 8535

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

**AUDREY M. TEGELER**

2. DATE  
OF  
DEATH

**October 1, 1951.**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **1913 E. 20th St.**

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

**Md.**

B. COUNTY

\_\_\_\_\_

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1913 E. 20th St.**

c. Length of stay in Baltimore

**Life**

Yrs.  
Mos.  
Days

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Single**

8. DATE OF BIRTH

**March 18, 1931**

9. AGE (in years last birthday)

**20**

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Stenographer**

10B. KIND OF BUSINESS OR INDUSTRY

**Md. Hosp. Serv. Inc.**

11. BIRTHPLACE (State or foreign country)

**Baltimore, Md.**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**Henry Tegeler**

14. MOTHER'S MAIDEN NAME

**Frances Schaefer**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

**No**

**No**

16. SOCIAL SECURITY NO.

**212-28-8993**

17. INFORMANT

ADDRESS

**Henry Tegeler 1913 E. 20th St.**

18.

**CAUSE OF DEATH**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

**6 mos.**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **June**, 1951, to **Oct. 1**, 1951, that I last saw the deceased alive on **Oct. 1**, 1951, and that death occurred at **9:40 P.M.** from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**October 5, '51**

24C. NAME OF CEMETERY OR CREMATORY

**Holy Redeemer Cemetery**

24D. LOCATION (City, town, or county)

**4430 Belair Rd. Balto., Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**OCT 4 1951**

**Wilmington Williams, M.D.**

**901 S. Conkling St.**

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2217  
No 45

S. 530

51 8536

51 8536

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

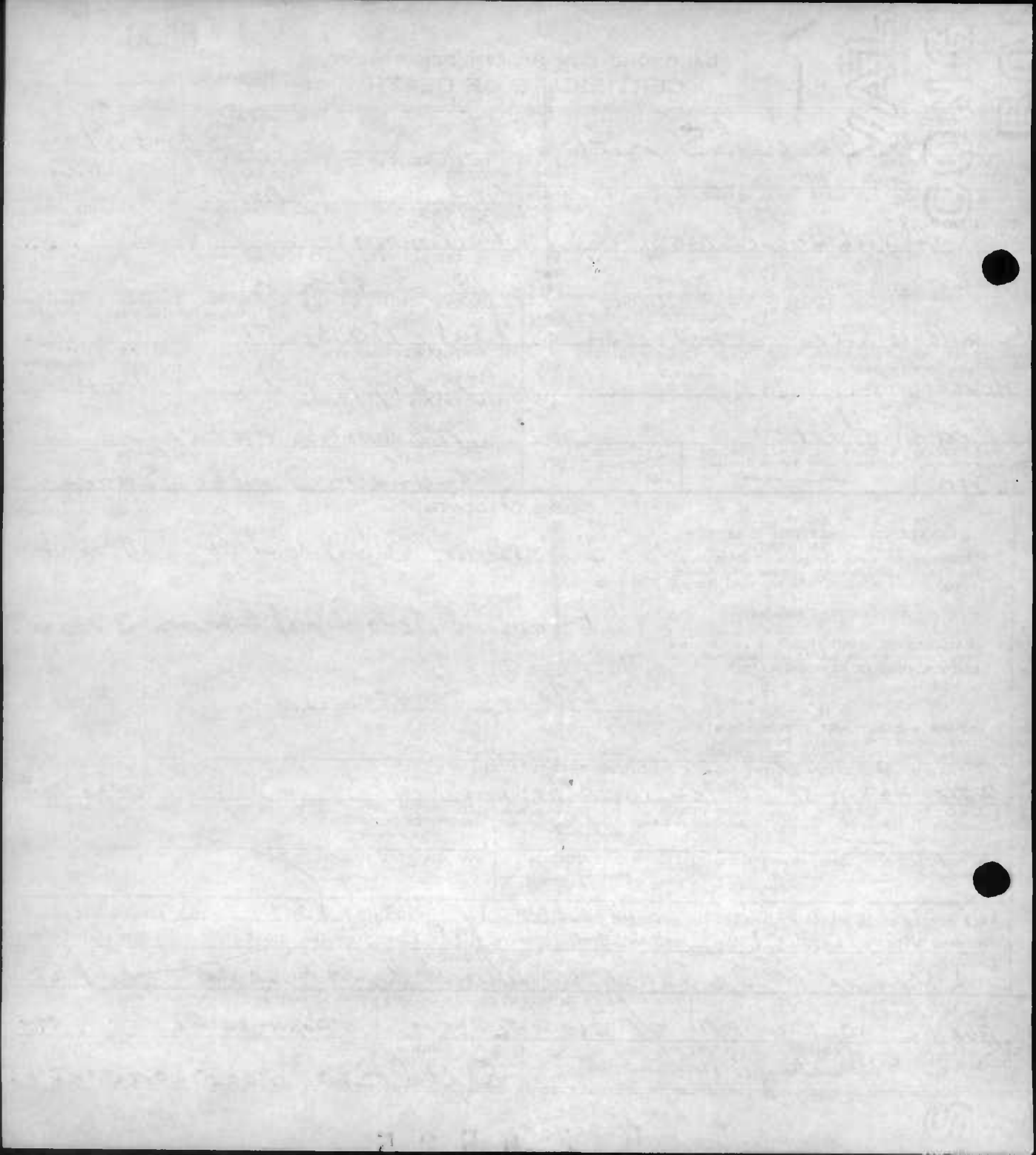
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Mrs Geneva E. Smith</i>			2. DATE OF DEATH <i>3 Oct 51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Balt.</i>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <i>Church Home Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>51</i> Yrs. <del>Days</del>			D. STREET ADDRESS (If rural, give location) <i>18 S Ann 2-02</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>9 July 1900</i>		9. AGE (In years, last birthday) <i>51</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Frank Hurley</i>			14. MOTHER'S MAIDEN NAME <i>Margaret Hurley</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. _____	17. INFORMATION ADDRESS <i>Geneva Smith Same.</i>		

18. <i>570.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Intestinal Obstruction</i> DUE TO (B) <i>Extensive Abdominal Adhesions</i> DUE TO (C) <i>Pile Peritonitis.</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 mon.</i> <i>3 mon</i> —
--	---	--

19A. DATE OF OPERATION <i>7-27-51 — 8-18-51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Extensive Adhesions</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <i>26 July</i> , 19 <i>51</i> , to <i>30 Oct</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>30 Oct 51</i> , and that death occurred at <i>8:30 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dorence E. Cusker</i>		23B. ADDRESS <i>Church Home Hospital</i>		23C. DATE SIGNED <i>30 Oct 51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>OCT 6 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>MT CARMEL CEM.</i>	
24D. LOCATION (City, town, or county) <i>O'DONNELL ST.</i>		24E. (State) <i>MD</i>		25. FUNERAL DIRECTOR <i>Duffel Bros</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>100 Center St. Baltimore, Md</i>		REGISTRAR'S SIGNATURE _____		ADDRESS <i>1800 E LOMBARD ST</i>	





P-300  
51 8537BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Joseph J. Paddy</b>		2. DATE OF DEATH <b>10-1-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>115 E. Melrose Ave</b> B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Long Green Nursing Home</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Oella</b> D. STREET ADDRESS (If rural, give location) <b>Hollow Road</b>	
5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>		8. DATE OF BIRTH <b>3-17-1882</b> 9. AGE (In years last birthday) <b>69</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>Balto. Transit Co.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Unknown</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>	
17. INFORMANT <b>Charles Paddy, Catonsville, Md.</b>		ADDRESS	

18. <b>144X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Squamous Cell Carcinoma - mouth</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>none</b>		

19A. DATE OF OPERATION <b>9-22-1950</b>		19B. MAJOR FINDINGS OF OPERATION <b>Biopsy of primary mouth lesion - Squamous cell carcinoma</b>		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (A. H., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>9-14</b> , 19 <b>50</b> , to <b>10-1</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>9-1</b> , 19 <b>51</b> , and that death occurred at <b>5 P. m.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>George E. Buehler</b>		23B. ADDRESS <b>Ellicott City, Md.</b>		23C. DATE SIGNED <b>10-2-51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-4-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Oella</b>
24D. LOCATION (City, town, or county) (State) <b>Oella, Maryland</b>		25. FUNERAL DIRECTOR <b>F.C. Higinbotham, Ellicott City, Md.</b>		

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M-635  
51 8538BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8538

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

ANNIE L MARTIN

2. DATE  
OF  
DEATHOctober 2  
1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE PINE CREST SANATARIUM

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Howard

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Glenelg

D. STREET ADDRESS (If rural, give location)

6300

C. Length of stay in Baltimore

1 1/2 Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7-29-1878

9. AGE (In years  
last birthday)

73

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR  
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Ilchester, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Wm. Healey

14. MOTHER'S MAIDEN NAME

Cassandra Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

Hazel Isaacs, Glenelg, Md.

18. 450.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) .....

DUE TO

Generalized Arterio-  
sclerosis

?

## ANTECEDENT CAUSES

(B) .....

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C) .....

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Senility

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 16, 1951, to October 2, 1951; that I last saw the  
deceased alive on Oct 2, 1951, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin M. Borden

M. D.

23B. ADDRESS

5000 OLD FREDERICK RD

23C. DATE SIGNED

Oct 2, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-5-51

24C. NAME OF CEMETERY OR CREMATORY

St. Marys

24D. LOCATION (City, town, or county)

Ilchester, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Baltimore Williams, Md.

25. FUNERAL DIRECTOR

ADDRESS

F.C. Higinbotham, Ellicott City, Md.

STATE OF NEW YORK  
IN SENATE  
JANUARY 1, 1903

188

12

I- -

51 8539

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8539

Registered No.

BIRTH NO. B-452

1. NAME OF DECEASED  
(Type or Print)

LEO. IGNATIUS

BLANK

2. DATE  
OF  
DEATH

OCT-2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

3703 SIXTH ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3703 SIXTH ST.

25-04

c. Length of stay in Baltimore

73

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

ELECTRIC INSTALLER RET.

10B. KIND OF BUSINESS OR  
INDUSTRY

SELF-EMPLOYED

13. FATHER'S NAME

FREDERICK BLANK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

FRANCIS BLANK ELKTON, MD.

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Pneumonia + muffled heart

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis - cerebral hemorrhage

Cancer of the cervix uteri

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Cervical cancer

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1951 to Oct 2, 1951, that I last saw the  
deceased alive on Oct 1, 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Eugene Pfeiffer

M. D.

23B. ADDRESS

3904 S Kenner

23C. DATE SIGNED

Oct 7, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

OCT. 5, 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem.

24D. LOCATION (City, town, or county)

ANNE ARUNDEL Co., MD

DATE RECEIVED BY  
LOCAL REGISTRAR

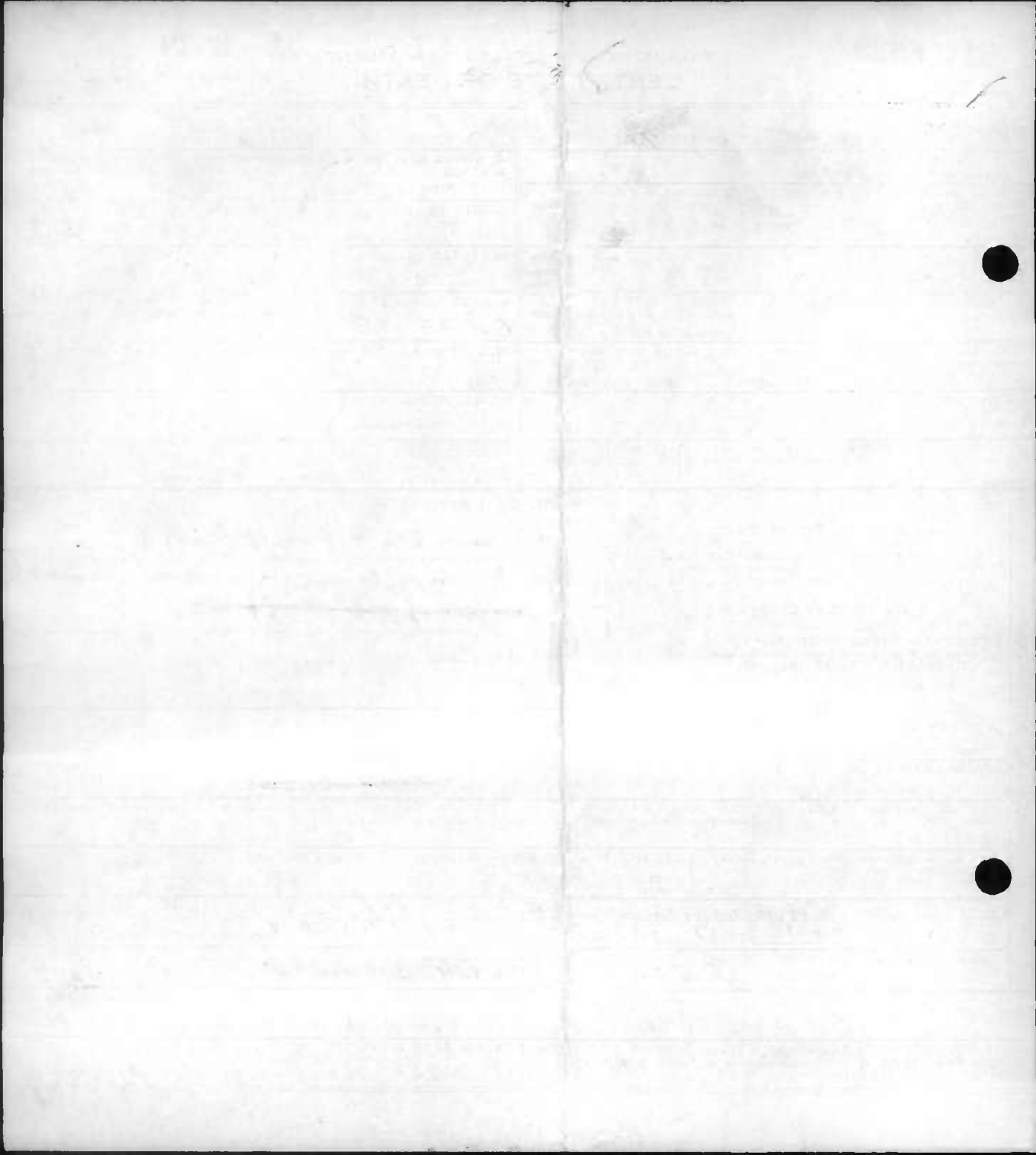
REGISTRAR'S SIGNATURE

Huntington Williams MD

25. FUNERAL DIRECTOR

ADDRESS

GONCE LYONS 4001 Ritchie Hwy.



51 8540

BALTIMORE CITY HEALTH DEPARTMENT

51 8540

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

ANTHONY JOHN ZELL

2. DATE

OF DEATH

Oct. 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE B. COUNTY before admission)

New York

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Kingston, Maryland

D. STREET ADDRESS (If rural, give location)

304 North Rd. Oakland Pa

E. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 1, 1924

9. AGE (In years last birthday)

27

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer Steam

10B. KIND OF BUSINESS OR INDUSTRY

Babcock & Wilcox

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Hugo Zell

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Margaret Zell 304 North Rd. Oakland

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) Asphyxiation

DUE TO hanging

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Hotel

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Mount Royal Hotel - Mt. Royal & Calvert Sts.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

October 3, 1951 3:05 P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Hanged self with belt

22. I certify that I took charge of the remains described above, held an insep. & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunbar

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

Oct. 4, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-5-51

24C. NAME OF CEMETERY OR CREMATORY

Kingston

24D. LOCATION (City, town, or county) (State)

Kingston, N. Y.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

Howard J. Hubbard

ADDRESS

2523 Schomberg St.

N-991X

58334

0529

164a

✓



to be used in stock

2. 12. 1931

part of the stock

for the purpose of  
the purchase of the stock  
of the company

51 8541

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8541  
Registered No.

BIRTH NO. C-550

1. NAME OF DECEASED  
(Type or Print)

March to Cannon

2. DATE  
OF  
DEATH

Oct 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

At home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

615 Radnor Ave 27-16

C. Length of stay in Baltimore

6 mos

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At home

13. FATHER'S NAME

Abell S. Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

None

8. DATE OF BIRTH

Feb 27, 1881

9. AGE (In years last birthday)

70

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Marion J. Woodland

17. INFORMANT

ADDRESS

Ed M. Woodland 615 Radnor Ave

18. 420.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

8 hours

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

arterio sclerosis

DUE TO

2 years

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

22. I hereby certify that I attended the deceased from May 1951, to October 3, 1951, that I last saw the deceased alive on Oct 3, 1951, and that death occurred at 6 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Egbert H. Mortimer, M.D.

2706 44th Paul St

10/4/51

24A. BURIAL CREMA-  
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

10-7-51

Dorsey

Main Park

Baltimore, Md

DATE RECEIVED BY  
LOCAL REGISTRAR

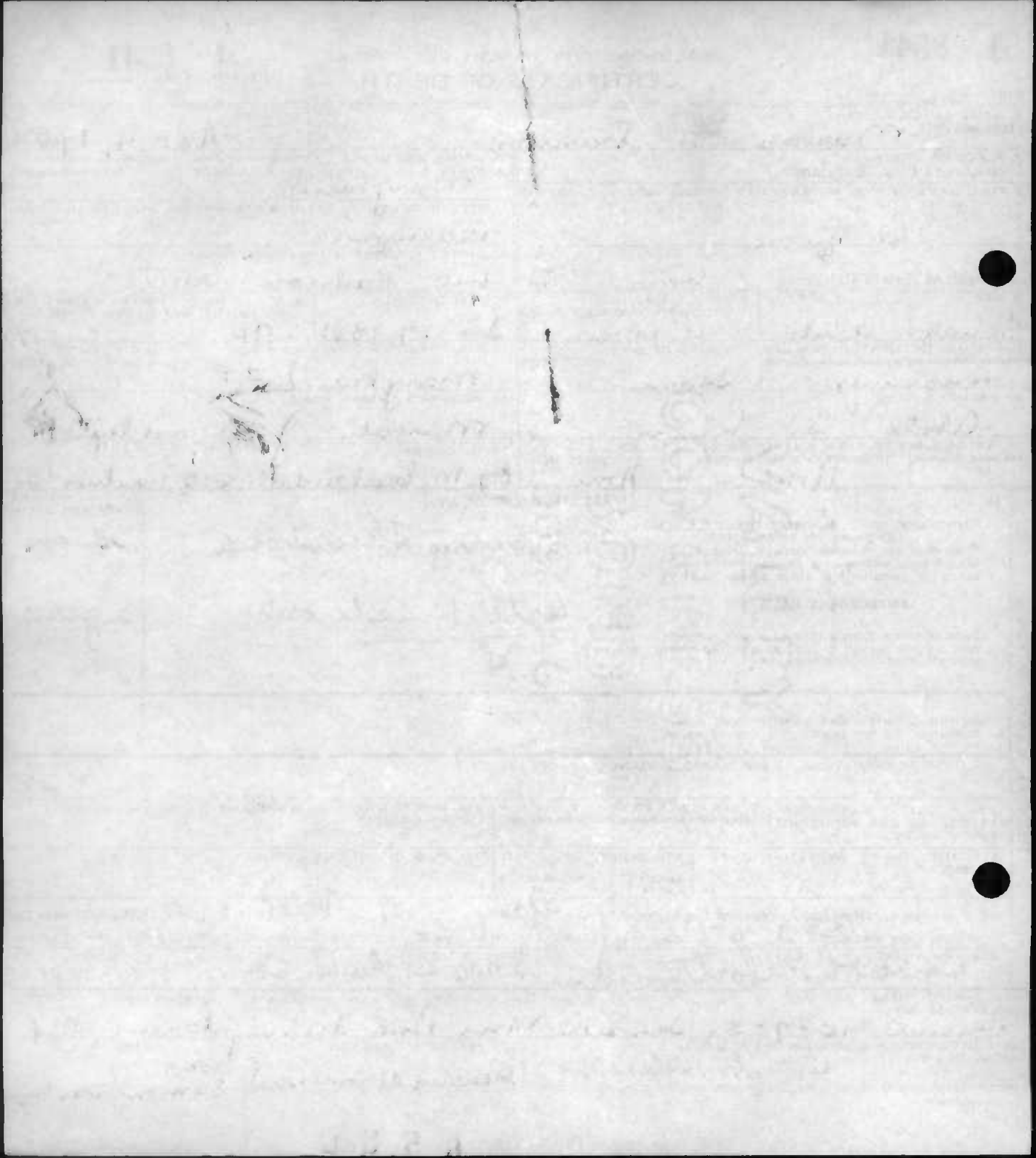
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

W. H. Williams, M.D.

Howard H. Williams, 2503



51 8542

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8542

Registered No.

BIRTH NO.

K-200

1. NAME OF DECEASED  
(Type or Print)

REBECCA NORRIS KEYS

2. DATE  
OF  
DEATH

OCT 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION The Union Memorial Hospital  
Baltimore 18, Md.4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)  
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)  
Baltimore 12-01D. STREET ADDRESS (If rural, give location)  
3923 Canterbury Road Balts 18, Md.

C. Length of stay in Baltimore

86 yrs.

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

8. DATE OF BIRTH

Sept. 12, 1865

AGE (in years  
last birthday)

86

H Under 1 Year  
Months: DaysH Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Taylor Keys

14. MOTHER'S MAIDEN NAME

Rebecca Norris Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Hospital record, Union Memorial Hosp.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) Myocardial failure  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Myocardial infarction  
DUE TO  
(C) Hypertensive arteriosclerotic heart disease

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 24, 1951, to Oct 4, 1951, that I last saw the  
deceased alive on Oct 4, 1951, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Jesse D. Hubbard

M. O.

23B. ADDRESS

Union Memorial Hosp, Balts, Md.

23C. DATE SIGNED

Oct 4, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

F.C. HIGGINBOTHAM - ELLICOTT CITY

1912

1912

RECEIVED A MORNING KEY

1912



51 8543

51 8543

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>HENRIETTA LACKS</b>			2. DATE OF DEATH <b>Oct 4, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>A-2</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>Baltimore</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE Dundalk</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>713 NEW PITTSBURG AVE. 5300</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>COLORED</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>8-18-20</b>	9. AGE (In years last birthday) <b>31</b>	11. BIRTHPLACE (State or foreign country) <b>Roanoke, Va</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			12. CITIZEN OF WHAT COUNTRY?		
10B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>			14. MOTHER'S MAIDEN NAME <b>Liza Lacks</b>		
13. FATHER'S NAME <b>John Pleasant</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		
16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>		

18. <b>171X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>UREMIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 WKS</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>CARCINOMA OF CERVIX</b>		<b>1 YEAR</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>10-4-51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **8-8-** 19**51**, to **10-4-** 19**51**, that I last saw the deceased alive on **10-4-** 19**51**, and that death occurred at **12:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Richard Nowak** M. D. 23B. ADDRESS **JOHNS HOPKINS HOSPITAL** 23C. DATE SIGNED **10-4-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/7/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Sharon Hill</b>	24D. LOCATION (City, town, or county) (State) <b>Roanoke, Virginia</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 5 1951</b>		25. FUNERAL DIRECTOR <b>Charles L. Law - 802 Madison Ave.</b>	25. FUNERAL DIRECTOR ADDRESS

10-1-11

RECEIVED

10-1-11

RECEIVED

10-1-11

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10-1-11

RECEIVED

10-1-11

RECEIVED

10-1-11



145  
51 8544BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8544

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Carrie E. Haviland

2. DATE  
OF  
DEATH

Oct. 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

Ardleigh Nursing Home

C. Length of stay in Baltimore

5

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

missionary

10B. KIND OF BUSINESS OR  
INDUSTRY

Quaker

13. FATHER'S NAME

Philip Haviland

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

1 - 26 - 67

9. AGE (In years  
last birthday)

83

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Pawling, N. Y.

12. CITIZEN OF  
WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

Abigail Haviland

17. INFORMANT

Joseph Wetherald

ADDRESS

Berwyn, Md.

18. 422.1 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Arteriosclerotic CVD  
Congestive Heart Failure

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Generalized Arteriosclerosis  
Chronic Hypertrophic Arteritis  
Senility

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ ND ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from Feb 5, 1951, to Oct 1, 1951, that I last saw the deceased alive on Oct 1, 1951 and that death occurred at 11 A. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

2511 Reisterstown, Road

23C. DATE SIGNED

Oct 2, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

10 - 5 - 51

24C. NAME OF CEMETERY OR CREMATORY

Friends

24D. LOCATION (City, town, or county)

Hughesville, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell &amp; Sons, Inc. - 1900 Eutaw Place

M B Mitchell

93c

VS 150

me. 4116  
4117

51 8545

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8545

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George Ortel.

2. DATE  
OF  
DEATH

Oct. 3. 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland.

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

IIII Darley Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore City.

D. STREET ADDRESS (If rural, give location)

IIII Darley Ave.

c. Length of stay in Baltimore

25 Yrs.

Yrs.  
Mos.  
Days

5. SEX

Male.

6. COLOR OR RACE

White.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

July 3 1879.

9. AGE (In years  
last birthday)

72.

10. Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired Riveter.

10B. KIND OF BUSINESS OR  
INDUSTRY

G. L. Martin Co.

11. BIRTHPLACE (State or foreign country)

Baltimore Co. Md.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

George C Ortel.

AIRCRAFT (M)

14. MOTHER'S MAIDEN NAME

Louisa Straus.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL  
SECURITY NO.  
554-01-9060.

17. INFORMANT

ADDRESS

Mrs Geo Ortel. IIII Darley Ave. Balto. Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis  
Arteriosclerosis  
Myocardial Infarction  
Hypertension

3d

1 1/2

1 1/2

1 1/2

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Bronchial Asthma

2w

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1 1951 to Oct 3 1951, that I last saw the  
deceased alive on Oct 3 1951, and that death occurred at 17 m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas F. A. Stearns

M. D.

23B. ADDRESS

2678 Nathan St

23C. DATE SIGNED

10-5-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial.

24B. DATE

TO 6-1951.

24C. NAME OF CEMETERY OR CREMATORY

St Michaels Luth Cem.

24D. LOCATION (City, town, or county)

Balto Co.

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lassahn Funeral Home 7401 Belair Rd

OCT 5 1951

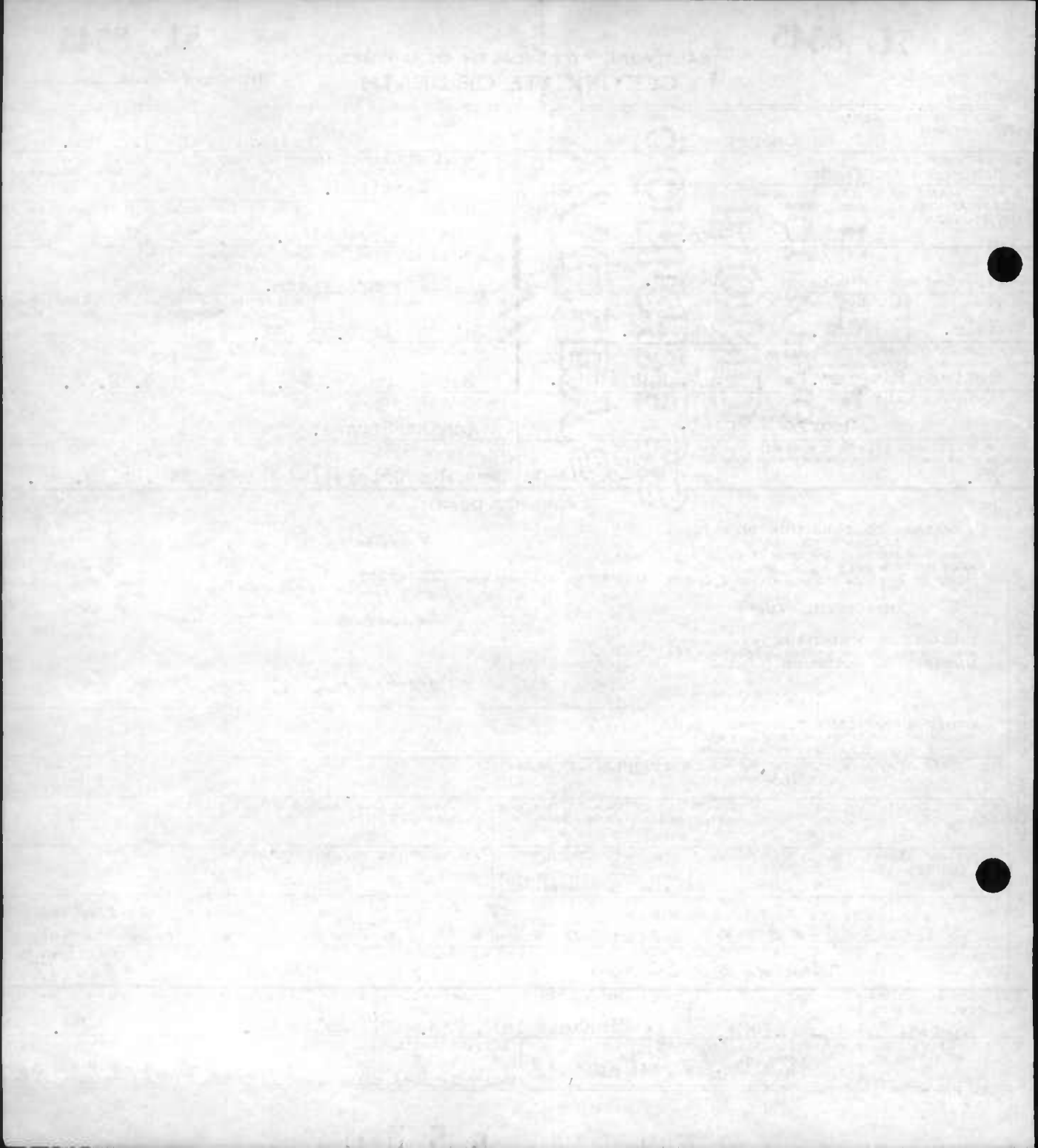
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F E 1 0 3 0 5 3 4

MEDICAL CERTIFICATION



400 51 8546

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8546

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			Matilda Heil			Oct 4 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland 4101 Belvieu Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-10					
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 4101 Belvieu Ave					
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH			9. AGE (In years last birthday)		10. Under 1 Year Months: Days
Female	White	Divorced	Aug 20 1869			82		11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse			10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Otto Buehner			14. MOTHER'S MAIDEN NAME Dora Gude					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Eda Buehner 4101 Belvieu Ave		

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Cerebral Embolism DUE TO (B) Hypertensive Heart Disease DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 28 days 2 years
---	--	--

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 7, 1951, to October 4, 1951, that I last saw the deceased alive on October 3, 1951, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE Randolph H. Spitzberg	23B. ADDRESS 5010 Denmore Ave	23C. DATE SIGNED October 4, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct 6 1951	24C. NAME OF CEMETERY OR CREMATORY Loudon Park
DATE RECEIVED BY LOCAL REGISTRAR OCT 5 1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS 4204 Ridgewood Ave

5010 Dennison Ave

51 8547

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51- 8547

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Thomas J. Harman

2. DATE  
OF  
DEATH

10-3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hosp.

C. CITY OR TOWN

Balto

(If outside corporate limits, write RURAL and give township)

25-31

D. STREET ADDRESS (If rural, give location)

907 Random Rd.

C. Length of stay in Baltimore

?

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John W. Harman, Sr.

14. MOTHER'S MAIDEN NAME

Anna R. Rich

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
John W. Harman, Sr. 407 Random Rd., Balto.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Gross deformity of chest &amp; Extremities. Severe scoliosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-3, 1951, to 10-3, 1951, that I last saw the deceased alive on 10-3-1951 and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Chas. Watson M. D.

23B. ADDRESS

University Hosp

23C. DATE SIGNED

10-3-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 6/51

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Pk.

24D. LOCATION (City, town, or county)

Dorsey, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

OCT 5 1951

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

Harry A. Witzke

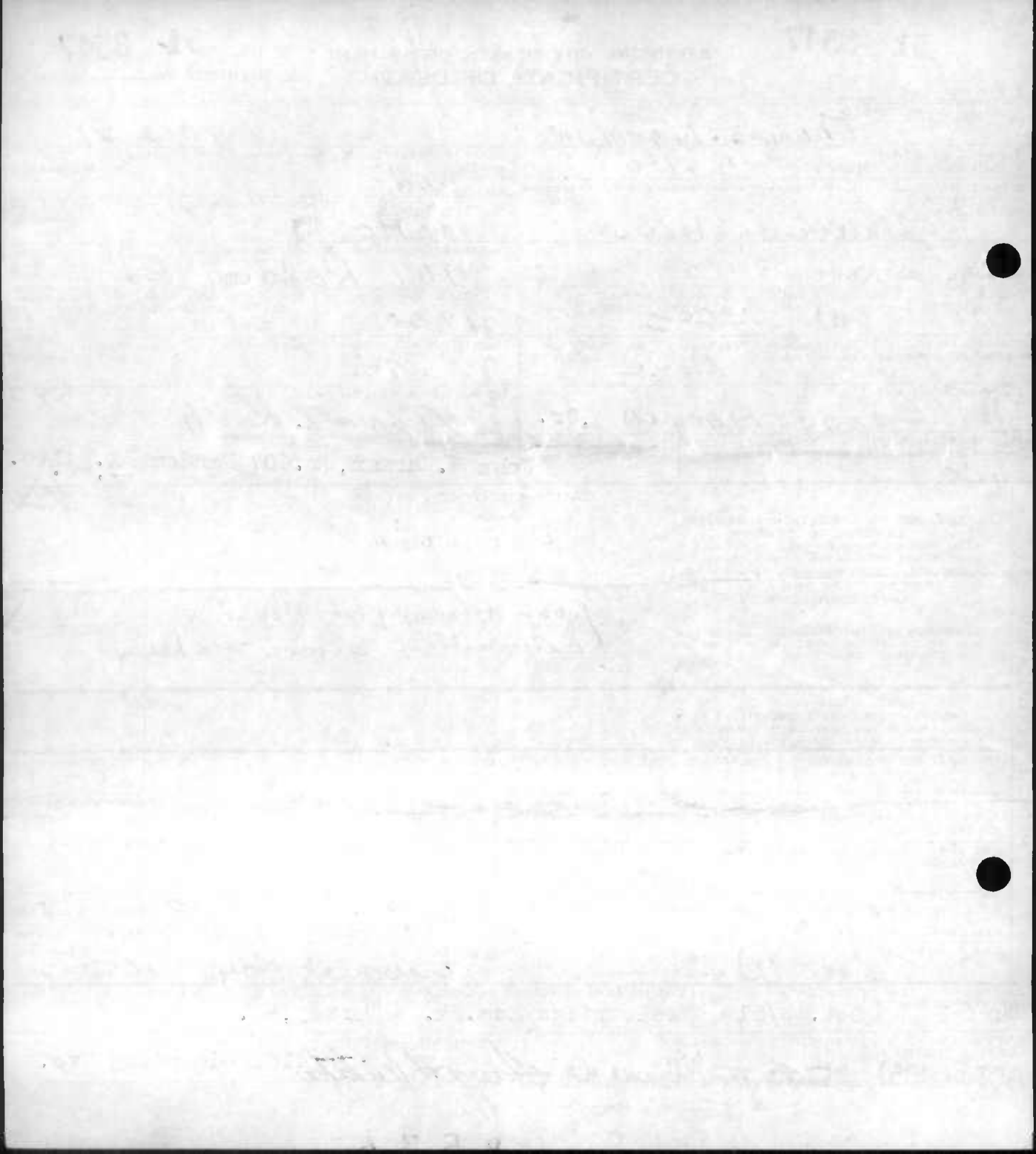
ADDRESS

4101 Edmondson Ave.

VS 150

109 B





51 8548

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8548  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION  
(If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

E. SEX

F. COLOR OR RACE

G. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

H. DATE OF BIRTH

I. AGE (In years,  
last birthday)J. Under 1 Year  
Months: DaysK. Under 24 Hours  
Hours: Min.L. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)M. KIND OF BUSINESS OR  
INDUSTRY

N. BIRTHPLACE (State or foreign country)

O. CITIZEN OF  
WHAT COUNTRY?

P. FATHER'S NAME

Q. MOTHER'S MAIDEN NAME

R. WAS DECEASED  
EVER IN U. S. ARMED FORCES?  
(Yes, no, or unknown)S. SOCIAL  
SECURITY NO.

T. INFORMANT

U. ADDRESS

V. DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

W. ANTECEDENT CAUSES

X. DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.Y. OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Z. DATE OF OPERATION

AA. MAJOR FINDINGS OF OPERATION

AB. AUTOPSY?  
YES ☐ NO ☐AC. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)AD. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)AE. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)AF. TIME (Month) (Day) (Year) (Hour)  
INJURY

AG. INJURY OCCURRED

AH. HOW DID INJURY OCCUR?

AI. I hereby certify that I attended the deceased from August 10, 1951, to September 29, 1951, that I last saw the deceased alive on 9/30/51, 1951, and that death occurred at 10 P. M., from the causes and on the date stated above.

AJ. SIGNATURE

AK. ADDRESS

AL. DATE SIGNED

AM. M. D.

AN. BURIAL, CREMA-  
TION, REMOVAL (Specify)

AO. DATE

AP. NAME OF CEMETERY OR CREMATORY

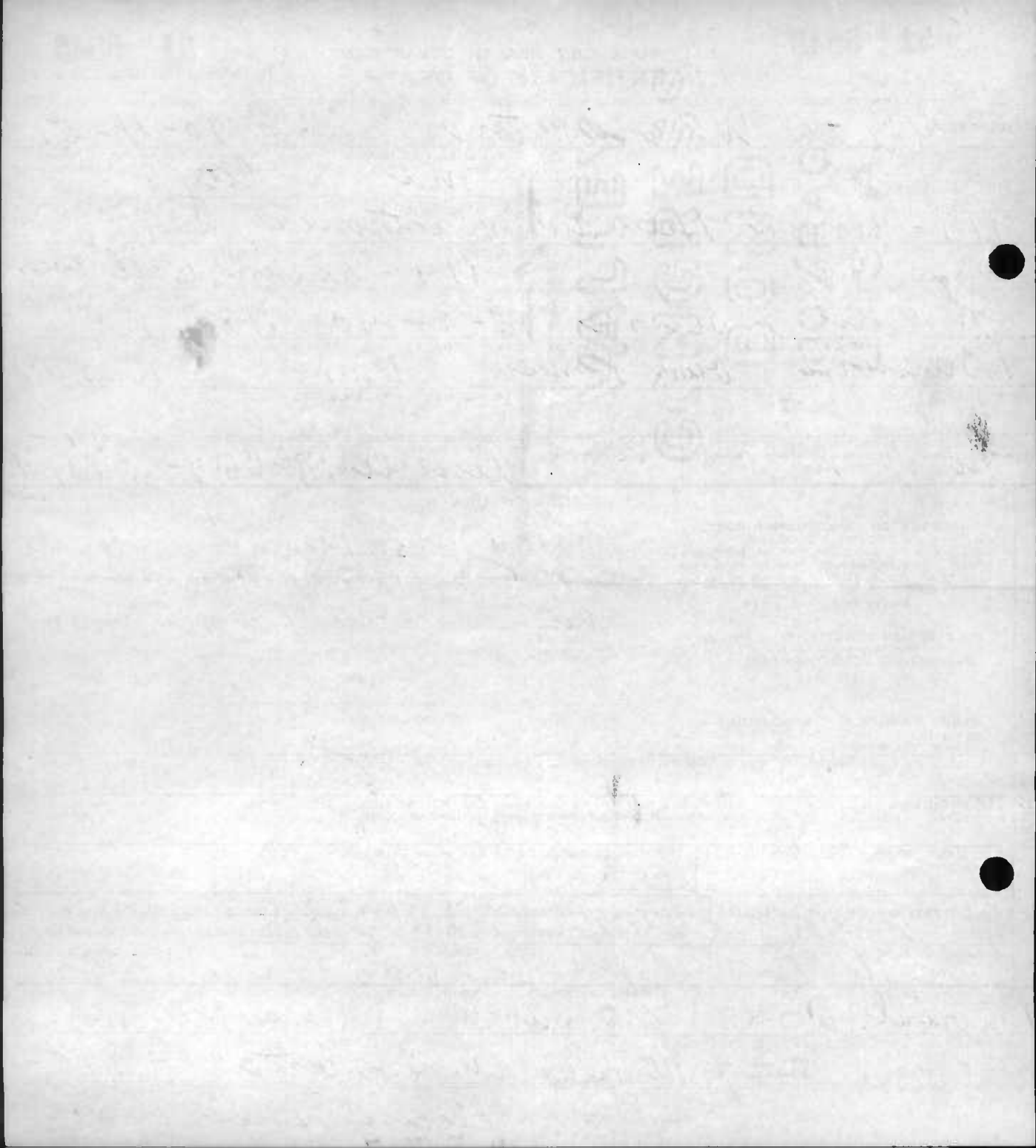
AQ. LOCATION (City, town, or county) (State)

AR. DATE RECEIVED BY  
LOCAL REGISTRAR

AS. REGISTRAR'S SIGNATURE

AT. FUNERAL DIRECTOR

AU. ADDRESS



240  
51 8549BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8549  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ADA B. HAGEL

2. DATE  
OF  
DEATH

Oct. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Agnes' Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Arbutus

D. STREET ADDRESS (If rural, give location)

5102 Leeds Avenue

E. Length of stay in Baltimore

3

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 26, 1872

9. AGE (In years  
last birthday)

79

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas Wheatley - Dec'd

14. MOTHER'S MAIDEN NAME

Naggie Abbott - Dec'd

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

Charles Frei - 5102 Leeds Ave.

18. 422.1.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) Acute Pulmonary Edema  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Chronic Thrombosis  
DUE TO  
(C) Arteriosclerotic C.V.D.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT

Probable Subarachnoid Hemorrhage

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/30, 1951, to 10/2, 1951, that I last saw the  
deceased alive on 10/2, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

OCT. 5-1951

Loudon Park Cemetery

Baltimore Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 5 1951

T. Williams, M.D.

F. B. Wippert &amp; Son

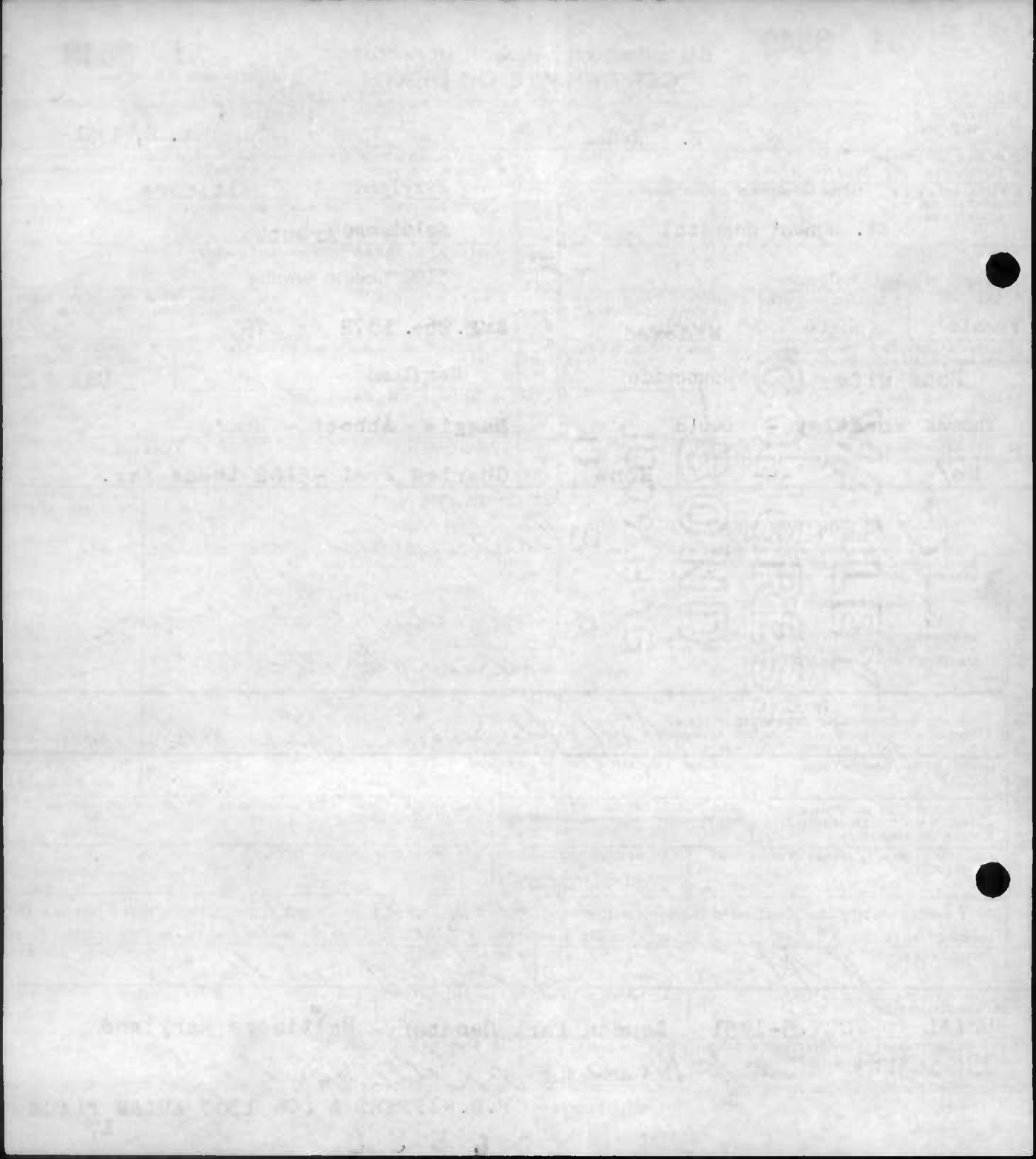
VS 150

F.B. WIPPERT &amp; SON 1300 EUTAW PLACE

19510008530

930

17



635  
51 8550BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8550

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Clarence Burton

2. DATE  
OF  
DEATH

Oct. 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTIONMercy Hospital  
44Yrs.  
Mo.  
Days

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

10. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR  
INDUSTRY

Fishpaw Inc

13. FATHER'S NAME

George Burton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL  
SECURITY NO.

212-14-0485

17. INFORMANT

ADDRESS

Lutherine Burton 624 Wash Blvd

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

Carcinoma of  
left lung  
Cerebral MetastasesINTERVAL BETWEEN  
ONSET AND DEATH

?

?

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1951, to Oct 3, 1951, that I last saw the  
deceased alive on Oct 3, 1951, and that death occurred at 11:00 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

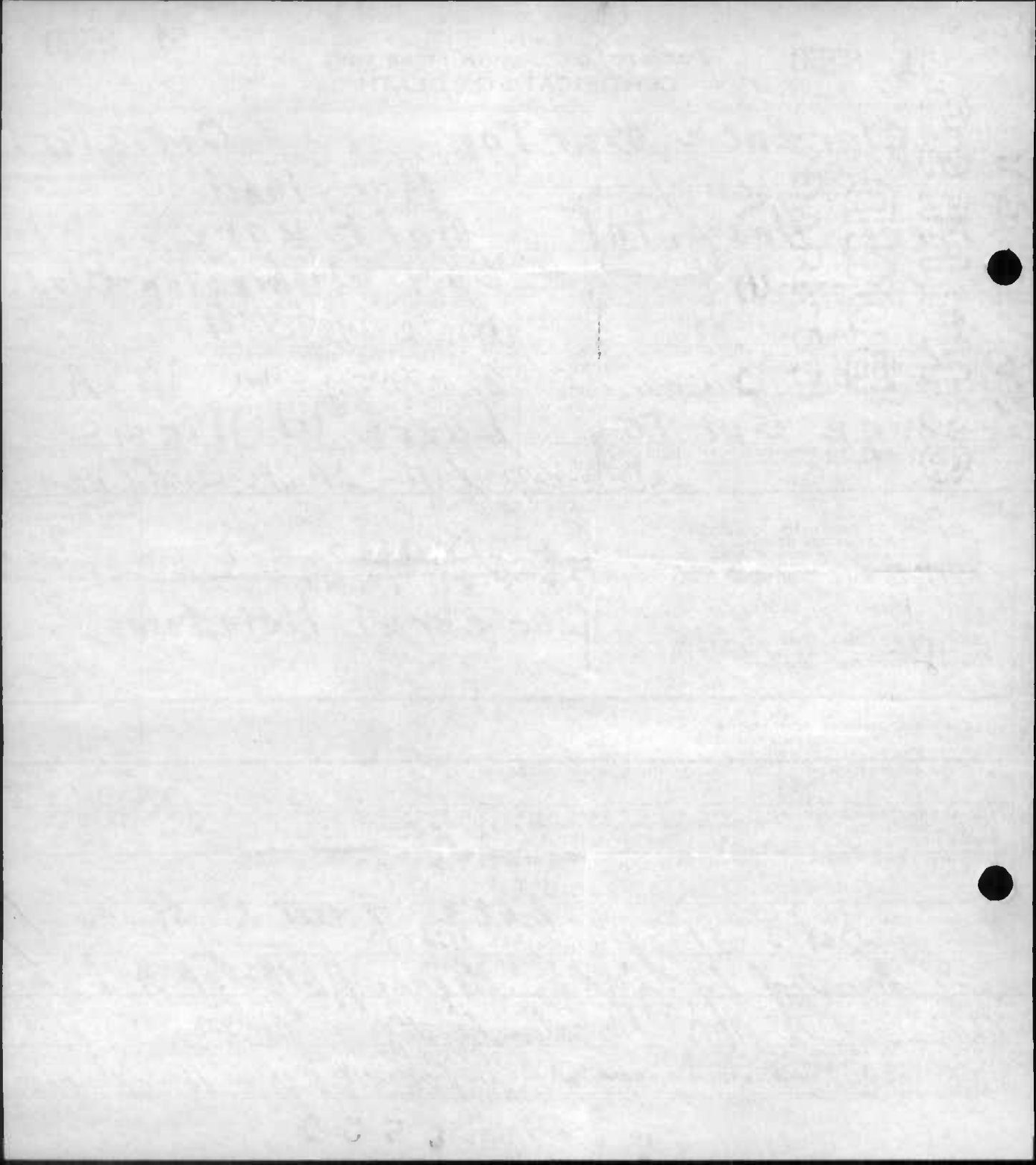
25. FUNERAL DIRECTOR

ADDRESS

OCT 5 1951

Lutherine Williams

A. Howard Evans 1400 S. Charles St





162 51 8551

51 8551

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>HAZEL CLARK</b>		2. DATE OF DEATH <b>October 4, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>1554 Carswell Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>1554 Carswell Street</b>		9-07	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 21, 1916</b>	
9. AGE (In years last birthday) <b>34</b>		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stenographer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Credit Corp. Employee</b>	
11. BIRTHPLACE (State or foreign country) <b>Balto Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Daniel C. Meier</b>		14. MOTHER'S MAIDEN NAME <b>Majors</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>W.H. Clark</b>		ADDRESS <b>1554 Carswell Baltimore, Md.</b>	

MEDICAL CERTIFICATION

18. <b>E903.5</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Intracerebral Hemorrhage</b> DUE TO (A) _____ ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>1554 Carswell Street</b>		
21D. TIME (Month) (Day) (Year) (Hour) <b>10/3/51</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>home</b> <b>Slipped and fell on sidewalk near</b>		
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <b>R.S. Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> <b>10/5/51</b>		

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/8/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood</b>	24D. LOCATION (City, town, or county) (State) <b>Balto. City Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 5 1951</b>	REGISTRAR'S SIGNATURE <b>Wilmington Williams</b>	25. FUNERAL DIRECTOR <b>Sarah Ann Lane</b>	
		ADDRESS <b>7401 Beldair Rd.</b>	

V S 151

N-85510951035071

186a ✓

STATE OF NEW YORK

COUNTY OF

CITY OF

IN SENATE

JANUARY 1, 1900

REPORT

OF THE

COMMISSIONERS

OF THE

LAND OFFICE

FOR THE

YEAR 1899

ALBANY:

J. B. LEECH,

PRINTERS.

1900.

A-652  
51 8552BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8552

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ESTHER ARRONSON

2. DATE  
OF  
DEATH

10-5-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Levindale

C. Length of stay in Baltimore

45

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Md

B. COUNTY

27-17

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Levindale Greenspring &amp; Belvedere

8. DATE OF BIRTH

78

9. AGE (in years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Henda

17. INFORMANT

ADDRESS

Philip Aronson - 3202 Redmont Ave

18. 332X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebral thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

2 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

arteriosclerosis

years

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. 'AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-29-51 to 10-5-51, that I last saw the  
deceased alive on 10-5-51, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel

M. D.

23B. ADDRESS

Levindale Home

23C. DATE SIGNED

10-5-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-7-51

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewine 2100 Eutaw Pl

OCT 5  
1951

61

12-2-0 1000000 931723

B-451  
51 8553BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8553  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>HYMAN BLUMBERG</b>			2. DATE OF DEATH <b>OCT. 5, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>2131 EAGLE ST</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTO</b>		
C. Length of stay in Baltimore <b>52</b> Yrs. <b>52</b> Mos. <b>52</b> Days			D. STREET ADDRESS (If rural, give location) <b>2131 EAGLE ST 20-05</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>71</b>		9. AGE (In years last birthday) <b>71</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TAILOR</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>RUSSIA</b>	
13. FATHER'S NAME <b>DAVID</b>		14. MOTHER'S MAIDEN NAME <b>MOLLIE</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Anna Blumberg</b> ADDRESS <b>Same</b>	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis (Third Attack)</b> DUE TO INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>	
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **July**, 19**46**, to **10/5**, 19**51** that I last saw the deceased alive on **10/5**, 19**51**, and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Sheldon Cooper</b> M. D.		23B. ADDRESS <b>2201 Eutaw Place</b>		23C. DATE SIGNED <b>10/5/51</b>	
--	--	---	--	------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/7/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Beth Isaac</b>		24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OUT 5 1951</b>		REGISTRAR'S SIGNATURE <b>Jack Lewis Im-</b>		25. FUNERAL DIRECTOR <b>2100 Eutaw PL.</b>		ADDRESS	

WATLEY  
CONGRESS  
BOND  
JAN 10 1900

51 8554

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. F-432

1. NAME OF DECEASED  
(Type or Print)

Alice L. FULTY

2. DATE  
OF  
DEATH

10-4-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNIV OF MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

DORSEY MD AA Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

DORSEY MD

D. STREET ADDRESS (If rural, give location)

742 CARROLL ST

5200

C. Length of stay in Baltimore

FIVE Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Dec 1 - 1913

9. AGE (In years,  
last birthday)

37

10. Under 1 Year

10 3

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY

HOUSE WORK

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JAMES K. DAVIS

14. MOTHER'S MAIDEN NAME

CHARLOTTE MOON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

Yes, (or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

CHARLOTTE MOON 742 CARROLL ST

18. 592X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

TERMINAL UREMIA

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

CHRONIC NEPHRITIS

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CEREBRAL EDEMA

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1951, to 10-8, 1951, that I last saw the deceased alive on 10-3, 1951, and that death occurred at 12:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

10-5-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

10-6-51

24C. NAME OF CEMETERY OR CREMATORY

MEADOW RIDGE

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Chas. P. Towell, M.D.

25. FUNERAL DIRECTOR

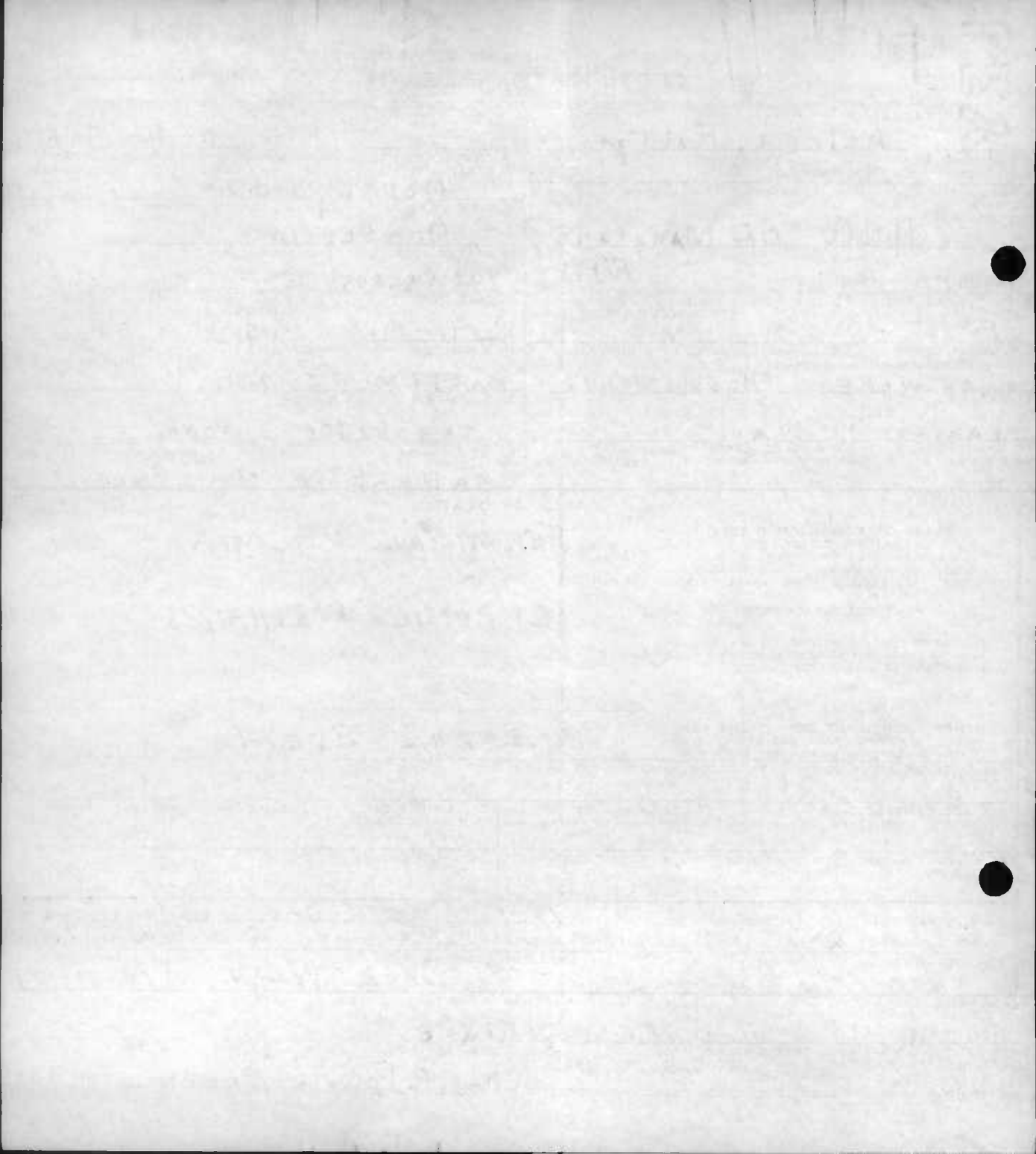
Chas P. Towell

2427

ADDRESS

Edmondson Ave





51 8555

51 8555

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Bessie C. Wayne</i>		2. DATE OF DEATH <i>10/3/57</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>3101 Westwood Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Balto</i> <i>15-03</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2101 Westwood Ave</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>12/2/1889</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>H. Wife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>61</i>
11. BIRTHPLACE (State or foreign country) <i>md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Archer Lyler</i>		14. MOTHER'S MAIDEN NAME <i>?</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>?</i>	
17. INFORMANT <i>David Wayne Westwood Ave</i>		18. ADDRESS <i>2101 Westwood Ave</i>	

18. *443X*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A) *Hypertensive Cardiovascular Disease*  
DUE TO

(B) \_\_\_\_\_

DUE TO

(C) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH

*?*

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Dec 23, 1950* to *Oct 3, 1951*, that I last saw the deceased alive on *Oct 3, 1951*, and that death occurred at *3P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Burial**10/7/51**Arbutus**Arbutus, md.*

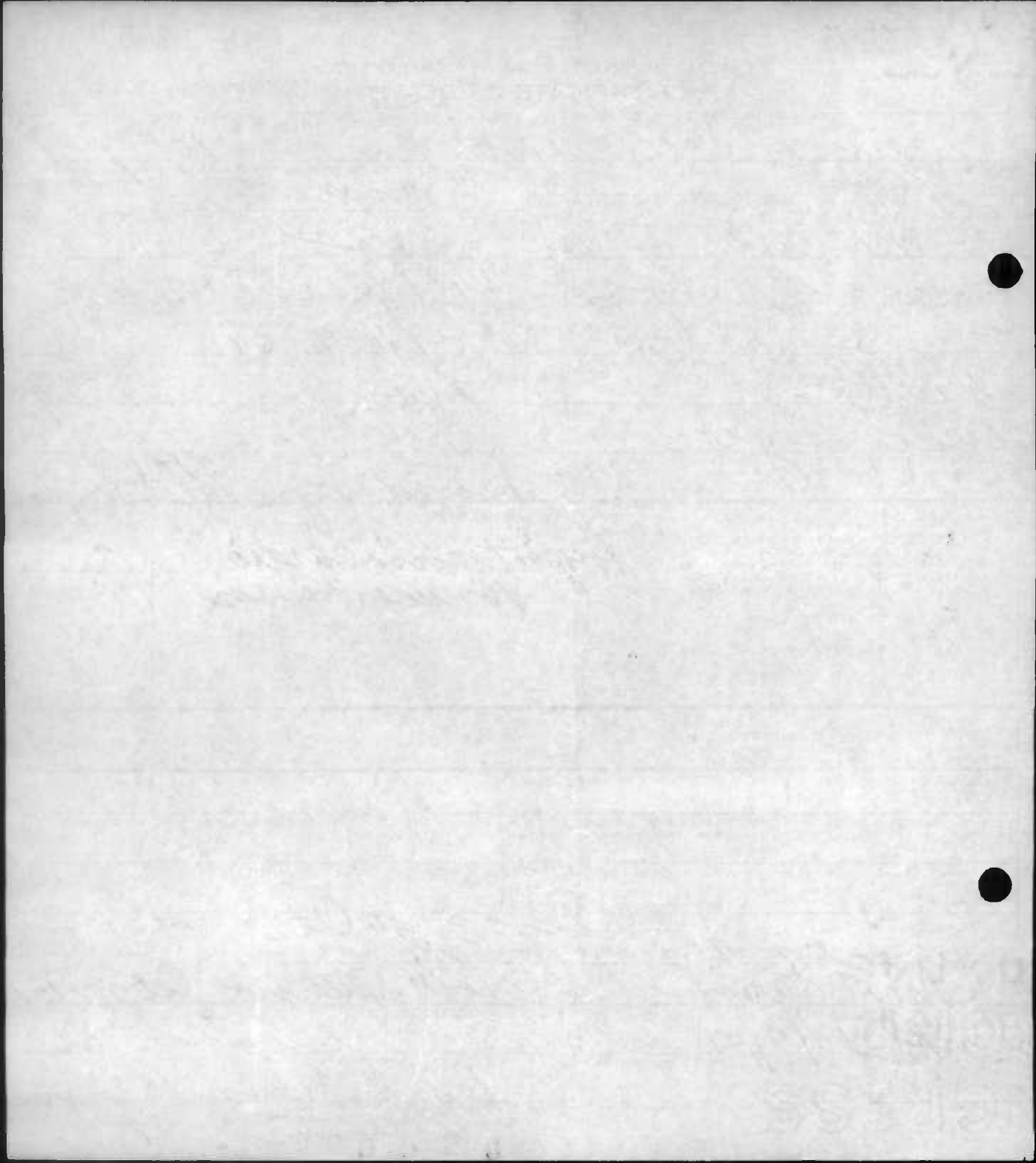
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE *MAA, R*

25. FUNERAL DIRECTOR

ADDRESS

*10/10/51**MAA, R**Geo. H. Nelson**1303*



51 8556

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8556

Registered No.

BIRTH NO. C-650

1. NAME OF DECEASED (Type or Print) <b>WILLIAM CURRAN</b>			2. DATE OF DEATH <b>4 Oct 1957</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>UNIV. Hosp</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNIV. Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>619 W. University Pkwy</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 12, 1885</b>		9. AGE (In years last birthday) <b>66</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lawyer</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>-----</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>
13. FATHER'S NAME <b>Thomas Curran</b>			14. MOTHER'S MAIDEN NAME <b>Mary Tracy</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>-----</b>			16. SOCIAL SECURITY NO. <b>-----</b>		
17. INFORMANT <b>Bernard C. O'Sullivan</b>			ADDRESS <b>Pkwy. 619 W. Univ.</b>		

18. <b>443 X</b>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <b>Cerebro - Vascular Accident Oct. 2 1957</b>	DUE TO	
ANTECEDENT CAUSES	(B) <b>Hypertensive Heart Disease</b>	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <b>Arteriosclerosis Generalized</b>	DUE TO	

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
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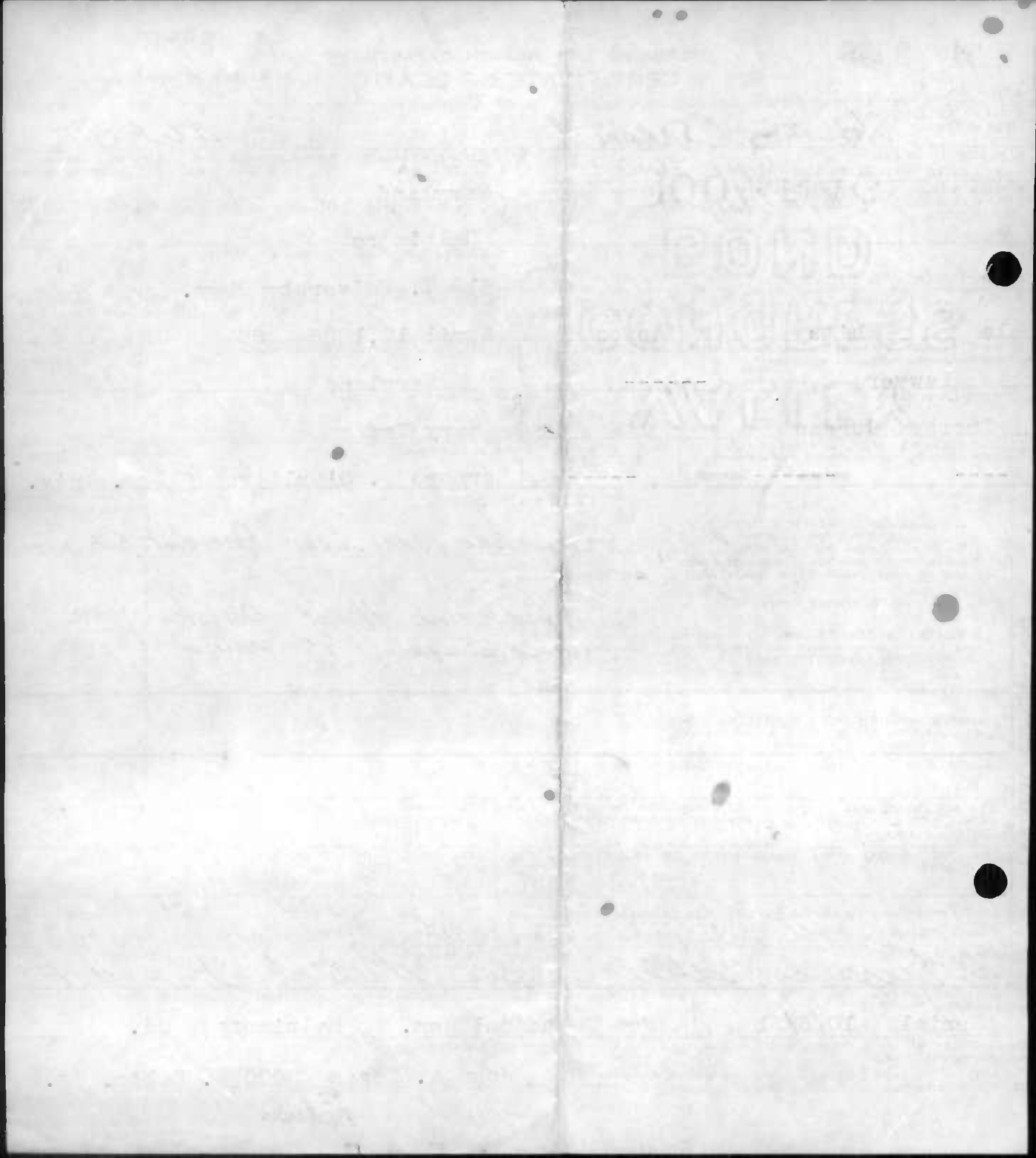
19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10** to **4 Oct**, 19**57**, that I last saw the deceased alive on **4 Oct**, 19**57**, and that death occurred at **11** m., from the causes and on the date stated above.

23A. SIGNATURE <b>W. J. Curran</b>	23B. ADDRESS <b>512 Cathedral St</b>	23C. DATE SIGNED <b>4 Oct 1957</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/6/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 5 1957</b>	REGISTRAR'S SIGNATURE <b>W. J. Curran</b>	25. FUNERAL DIRECTOR <b>John A. Moran</b>	ADDRESS <b>3000 E. Balto. St.</b>
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51 8557

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

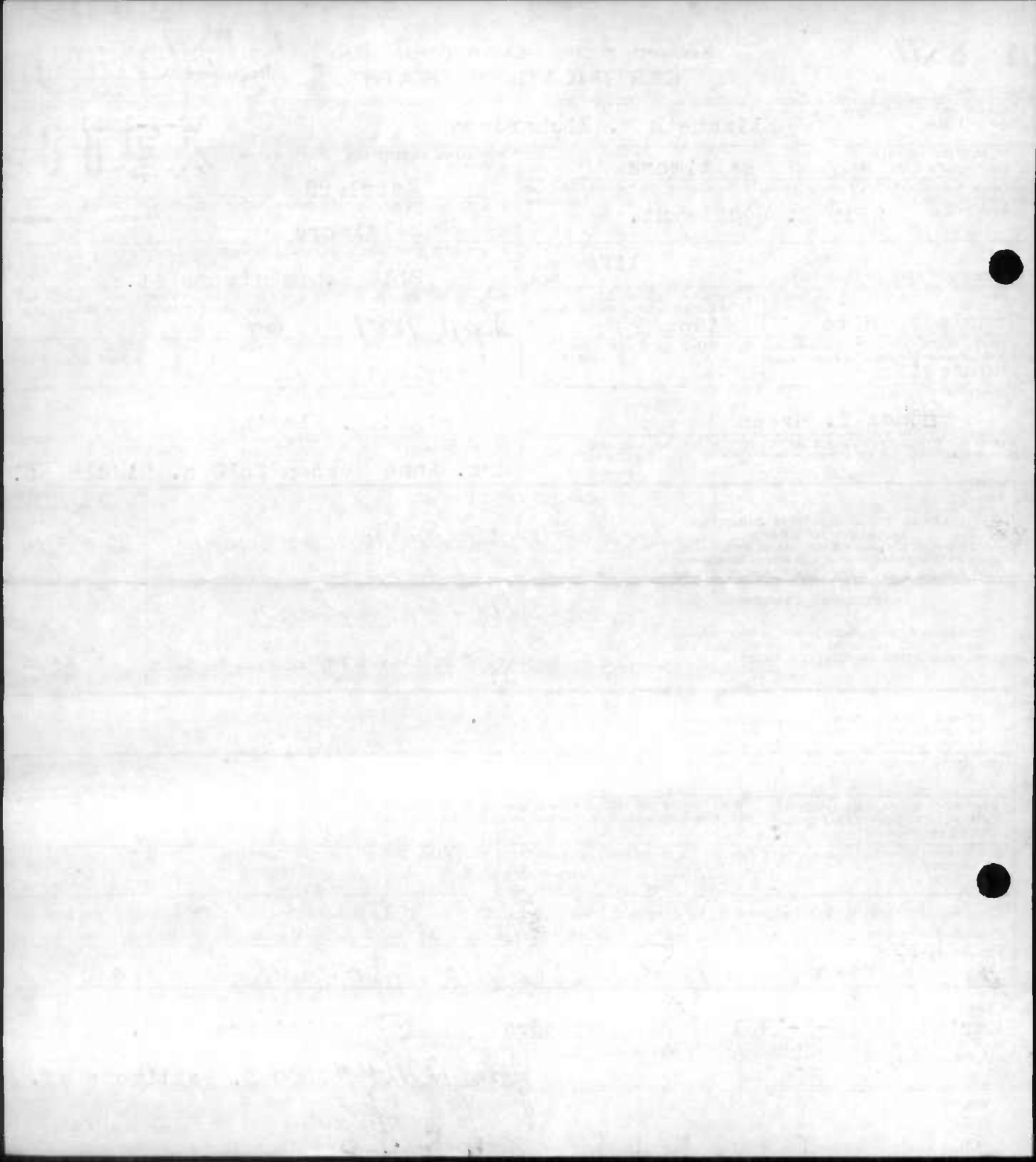
51 8557

Registered No.

BIRTH NO. *R-263*

1. NAME OF DECEASED (Type or Print) <b>Elizabeth M. Richardson</b>		2. DATE OF DEATH <b>10-4-1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>2510 E. Biddle St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>2510 E. Baltimore St.</b>		E. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
F. LENGTH OF STAY IN BALTIMORE <b>life</b>		G. DATE OF BIRTH <b>Sep 11, 1887</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. AGE (In years last birthday) <b>64</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>Thomas T. Green</b>		14. MOTHER'S MAIDEN NAME <b>Brigid A. Fleming</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>1-1-1-1-1-1-1-1-1-1</b>	
17. INFORMANT <b>Mrs. Anna Meehan</b>		ADDRESS <b>2510 E. Biddle St.</b>	
18. <b>443X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral hemorrhage</b> DUE TO <b>Cardio-vascular</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertensive disease</b> DUE TO <b>5 yrs</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>10-8-1951</b>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <b>No</b>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9/22, 1951</b> to <b>Oct. 4, 1951</b> that I last saw the deceased alive on <b>Oct. 3, 1951</b> and that death occurred at <b>7 A. M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Thomas C. Todd</b>		23B. ADDRESS <b>2108 St Paul St</b>	
23C. DATE SIGNED <b>10/5/51</b>		23D. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-8-1951</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>	
25. FUNERAL DIRECTOR <b>John W. Moran</b>		ADDRESS <b>3000 E. Baltimore St.</b>	

MEDICAL CERTIFICATION





H-500  
ME-I52479 51 8558

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

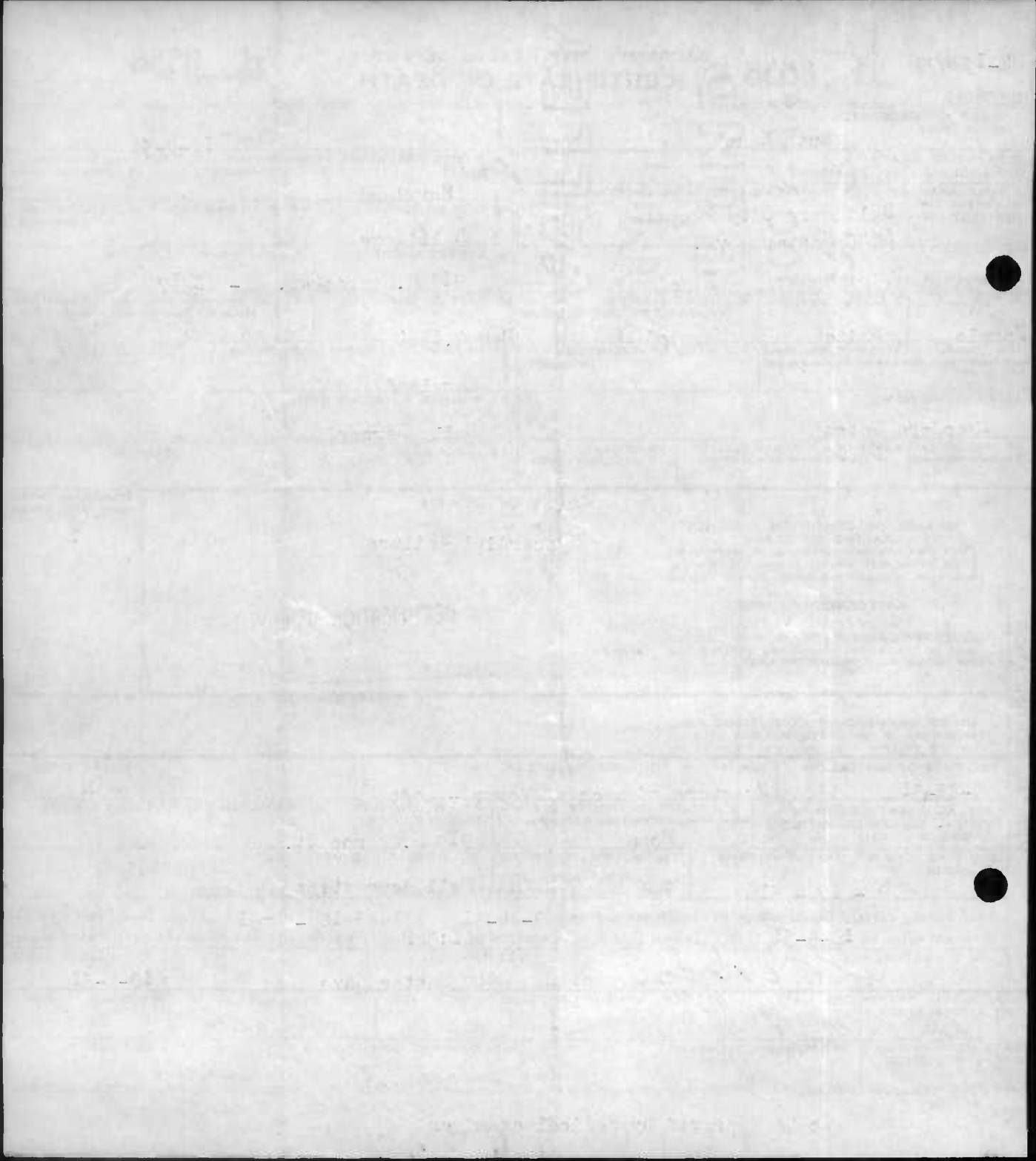
51 8558  
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) Ruth Hann		2. DATE OF DEATH 10-4-51
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital 4240 Eastern Ave.		6. STREET ADDRESS (If rural, give location) 919 N. Monroe St. - 217
7. LENGTH OF STAY IN BALTIMORE Life		8. DATE OF BIRTH May 4, 1864
9. SEX Female	10. COLOR OR RACE White	9. AGE (in years last birthday) 87
10A. FULL OCCUPATION (Give kind of work done during most of working life, even if retired) Married		11. BIRTHPLACE (State or foreign country) Maryland
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Theodore Upton		14. MOTHER'S MAIDEN NAME Emily Bernard
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT		ADDRESS

18. E900.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Failure (A) DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH ?
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO	CERTIFICATION APPROVED BY Stanza H. R. ... CHIEF OR ASST. MEDICAL EXAMINER	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 9-25-51	19B. MAJOR FINDINGS OF OPERATION Fracture of neck of femur - left	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 919 N. Monroe St. 16/4
21D. TIME (Month) (Day) (Year) (Hour) 9 - 17 - 51	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Slipped and Fell down steps at home
22. I hereby certify that I attended the deceased from 9-24-51, 19__, to 10-4-51, 19__, that I last saw the deceased alive on 10-4-51, 19__, and that death occurred at 1:30 P. M., from the causes and on the date stated above.		
23A. SIGNATURE J. S. ...	23B. ADDRESS 4240 Eastern Ave.	23C. DATE SIGNED 10-4-51
24A. BURIAL, CREMATION, REMOVAL (Specify) B.	24B. DATE 10. 8. 51	24C. NAME OF CEMETERY OR CREMATORY Landon Fair C.
24D. LOCATION (City, town, or county) Bacto.	24E. DATE RECEIVED BY LOCAL REGISTRAR OCT 5 1951	24F. REGISTRAR'S SIGNATURE J. S. ...
24G. FUNERAL DIRECTOR J. S. ...	24H. ADDRESS 130 E. Front Ave.	

VS 150  
N-820.0 To be approved by Medical examiner  
9510108547  
186a



51 8559

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8559

Registered No.

BIRTH NO. 60-526

1. NAME OF DECEASED  
(Type or Print)

ELIZABETH WENGERT

2. DATE  
OF  
DEATH

10/2/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland I80I Patapsco Street

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

I80I Patapsco Street

D. STREET ADDRESS (If rural, give location)

Baltimore

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sewing Mach. Op.

10B. KIND OF BUSINESS OR INDUSTRY

Sprosty Co.

13. FATHER'S NAME

John Higdon

Clothing (M)

8. DATE OF BIRTH

1/20/1889

9. AGE (In years last birthday)

62

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Alice Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.17. INFORMANT  
Family - Same

ADDRESS

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ...  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) ...  
DUE TO  
(C) ...II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Arterio-sclerotic Heart Disease  
Myocardial Arterio-sclerosisINTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION 10/1/51 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/18/1951 to 10/2/1951, that I last saw the deceased alive on Oct. 1, 1951, and that death occurred at 4:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

N. P. Friedman

23B. ADDRESS

M. D.

1319 L. J. St.

23C. DATE SIGNED

10/5/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

B

24B. DATE

10/6/51

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Cem.

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

- 130 E. Fort Ave.

OCT 5 1951

VS 150

1951 10 02 8559

46a

MEDICAL CERTIFICATION

10/1/51

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51 8560  
S-160BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8560

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>CARRIE M. SAUVEUR</b>			2. DATE OF DEATH <b>10/4/51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>3602 7th Street</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>3602 7th Street</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>9/23/15</b>	9. AGE (in years last birthday) <b>36</b>	If Under 1 Year Months _____ Days _____ If Under 24 Hours Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Beautician</b>			11. BIRTHPLACE (State or foreign country) <b>Virginia</b>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <b>Ashbey Jenkins</b>			14. MOTHER'S MAIDEN NAME <b>Loretta Meek</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <b>Family - Same</b>			ADDRESS _____		

18. <b>171X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pneumonia + heart weakness</b> DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Cancer of the cervix</b> DUE TO (B) _____ (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH _____
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19A. DATE OF OPERATION <b>10/6/51</b>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <b>6-1</b> <b>51</b> 19 <b>51</b> , to <b>9-1</b> <b>51</b> 19 <b>51</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>12:50</b> m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Raymond J. Smith</i>		23B. ADDRESS <b>3906 S Howard</b>		23C. DATE SIGNED _____

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>	24B. DATE <b>10/6/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Cedar Hill</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>0013 1951</b>		REGISTRAR'S SIGNATURE <i>Raymond J. Smith</i>	25. FUNERAL DIRECTOR <i>James L. L. L.</i>
VS 150		130 East Fort Avenue <b>748-12</b> <b>48a</b>	

1951

CARROLL, J. LARRY

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REA-150120

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

51 8561

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William Sommers

2. DATE  
OF  
DEATH

10-3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

1437 E. Monument Street

5-01

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 22, 1870

9. AGE (In years last birthday)

81

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Sommers

14. MOTHER'S MAIDEN NAME

Polly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Records: B. C. H. 4940 Eastern Avenue

18. 0/2.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

Tuberculosis of Left Hip

Unknown

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Myocardial failure

Unknown

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9-11-51

19B. MAJOR FINDINGS OF OPERATION

Repeated aspirations and drainage for hip abscess

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-7, 1951, to 10-3, 1951, that I last saw the deceased alive on 10-3, 1951, and that death occurred at 2:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

10-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

10/8/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

A. A. Co.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

Robert H. Young, 1532 E. Monument St.

ADDRESS



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51 8562

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8562

Registered No.

BIRTH NO. L-5101. NAME OF DECEASED  
(Type or Print)Mary E. Lamp (MARY LOUISE LAMP)2. DATE  
OF  
DEATH10-4-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2703 Alameda Blvd 9-06

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hosp. of M.D.

c. Length of stay in Baltimore

life

Yrs.

Mos.

Days

5. SEX

F

6. COLOR OR RACE

W7. SINGLE (MARRIED)  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1-2-93

9. AGE (In years, last birthday)

5810. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

13. FATHER'S NAME

George Sturgeon

14. MOTHER'S MAIDEN NAME

Margaret Douglass15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Henry W. Lamp Sr. Husband Same

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) cardiac Failuresudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Uremia  
chronic Homeobnephritis1 mo.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.(C) peripheric arterial disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 9-4, 1951 to 10-4, 1951, that I last saw the deceased alive on 10-4, 1951, and that death occurred at 9:40 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial10/8/51Immanuel CemeteryBaltimore, Md.DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

10/13/51HENRY SANDER & SONS, INC.BALTO., 13, MD.

UNITED STATES DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

STATE OF NEW YORK

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

OFFICE OF THE REGISTRAR

ALBANY, N. Y.

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51 8563

BALTIMORE CITY HEALTH DEPARTMENT

51 8563

Registered No.

H-522  
CERTIFICATE OF DEATH

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs. Betty A. Hancock

2. DATE  
OF  
DEATH

10-5-95

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

3531 Elmley Ave 13 26-03

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Female

Wh.

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

13. FATHER'S NAME

Jacob H. Hopp

8. DATE OF BIRTH

Jan. 30, 1907

9. AGE (In years,  
last birthday)

44

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Anna Karl

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.17. INFORMANT 3531 Elmley Avenue - 13  
Mr. Edmund L. Hancock

18. 171X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Uremia

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Carcinoma of Cervix

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-29-1957, to 10-5-1957, that I last saw the  
deceased alive on 10-5-1957, and that death occurred at 3:4 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Donald H. MacPherson M.D.

23B. ADDRESS

Maryland Gen Hosp.

23C. DATE SIGNED

10/5/57

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

10/8/51

24C. NAME OF CEMETERY OR CREMATORY

Oakland Cemetery

24D. LOCATION (City, town, or county)

Shelby, Ohio

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.  
BALTO., 13, MD.

ADDRESS

Sey. A. Sander

1957

19510008552

48a

MEDICAL CERTIFICATION

1944

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

1944

PLANT INDUSTRY REPORT NO. 1000  
PLANT INDUSTRY REPORT NO. 1000

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PLANT INDUSTRY REPORT NO. 1000

B 620  
B RE-743279  
51 8564  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

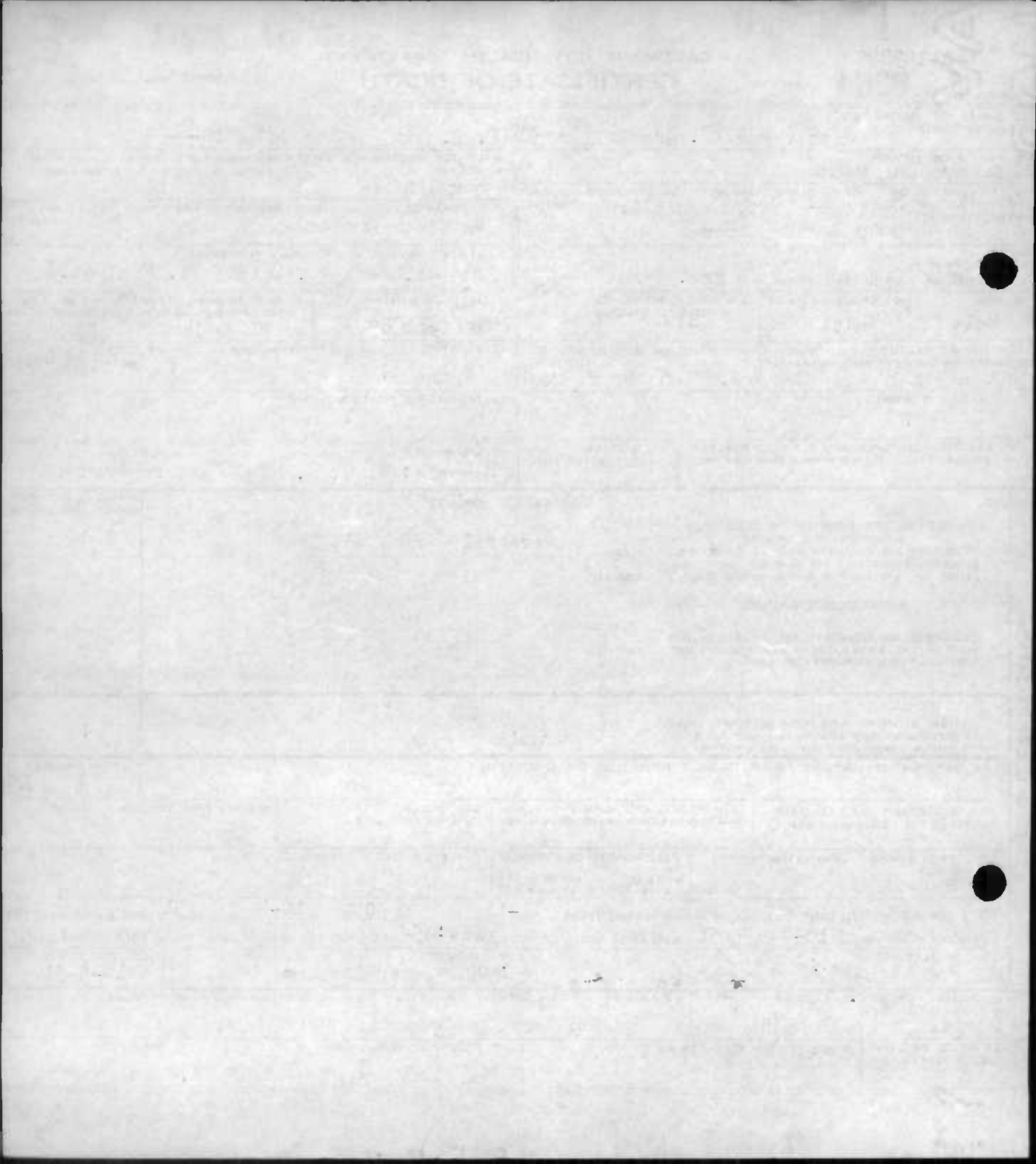
51 8564

Registered No.

1. NAME OF DECEASED (Type or Print) Sams ( Sam) T. Brooks (Brook)(T. B. Sam)		2. DATE OF DEATH 10-4-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Baltimore City Hospitals INSTITUTION 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 4 yrs. ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2305 St. Paul St. ( 2505 St. Paul St.)	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 4, 1880 ?
9. AGE (in years last birthday) 71 ?		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house - man		10B. KIND OF BUSINESS OR INDUSTRY Mrs. Fletcher H. Brooks	
11. BIRTHPLACE (State or foreign country) Samoa ?		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records: B. C. H.		ADDRESS 4940 Eastern Avenue	
18. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Uremia II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 2 days ?
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., is or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-11 1950 to 10-4 1951, that I last saw the deceased alive on 10-4 1951, and that death occurred at 10:45 P. M., from the causes and on the date stated above.			
23A. SIGNATURE J. S. O'Brien M. D.		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 10-5-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 10/6/51	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR 10-5-1951		REGISTRAR'S SIGNATURE Wm. Cook, Inc.	
25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street	

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83B





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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. <i>R-200</i>		1. NAME OF DECEASED (Type or Print) <i>Ellen Reese</i>		2. DATE OF DEATH <i>Sept. 28, 1951</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Med Cpl 3</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY _____			
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
6. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>1911 Sherwood St.</i>			
7. SEX <i>Female</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	10. DATE OF BIRTH <i>9-27-'82</i>	11. AGE (In years last birthday) <i>69</i>	12. Under 1 Year Months: Days 13. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Ind</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Isaac Andrew</i>		14. MOTHER'S MAIDEN NAME <i>Adelady Faulkner</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>204.0 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Lymphatic Leukemia</i>		CAUSE OF DEATH DUE TO (A) _____ (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-1-</i> , 19 <i>51</i> , to <i>9-28-</i> , 19 <i>51</i> ; that I last saw the deceased alive on <i>9-28-</i> , 19 <i>51</i> , and that death occurred at <i>11:30 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. J. Wing Jr.</i>		23B. ADDRESS M. D. <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>10-1-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>10-6-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Eliza Haven</i>	
24D. LOCATION (City, town, or county) (State) <i>Pitchee Highway, Elba, Currie, Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm. Cook, Inc. 1217 St. Paul St.</i>			

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COLLEGE  
WALKER

WALKER

WALKER

WALKER

WALKER

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BALTIMORE CITY HEALTH DEPARTMENT

51 8566

## CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. *V-250 G-51501*

1. NAME OF DECEASED (Type or Print) <b>JOYCE A. VAUGHN</b>		2. DATE OF DEATH <b>October 4, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>South Baltimore General Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
5. LENGTH OF STAY IN BALTIMORE <b>Life</b> 5 Yrs. 2 Mos. 2 Days		D. STREET ADDRESS (If rural, give location) <b>1042 South Sharp Street</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>July 12, 1946</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>None</b>	9. AGE (In years last birthday) <b>5</b> If Under 1 Year: Months <b>2</b> Days <b>22</b> If Under 24 Hours: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <b>Balto.</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <b>Benj. Vaughn</b>		14. MOTHER'S MAIDEN NAME <b>Deloris Jones</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT <b>Deloris Vaughn</b>		ADDRESS <b>1042 S. Sharp St.</b>	

18. <b>E916.0 1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>1st, 2nd, and 3rd Degree Burns of approx 60% of the body area</b>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____	

19A. DATE OF OPERATION <b>Sept. 28, 1951</b>	19B. MAJOR FINDINGS OF OPERATION <b>1st, 2nd, and 3rd Degree Burns of approx 60% of the body area</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>742 South Hanover Street</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Sept. 28, 1951 1:40 P.M.</b>	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>with matches. Clothes became ignited while playing</b>
22. I certify that I took charge of the remains described above, held an inspection & inquiry theron and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <b>R. S. Fisher</b>	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>10/5/51</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>Oct 8-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Not Acler</b>	24D. LOCATION (City, town, or county) (State) <b>Balto</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 5 1951</b>	REGISTRAR'S SIGNATURE <b>James A. Stays</b>	25. FUNERAL DIRECTOR <b>James A. Stays</b>	ADDRESS <b>6384 9th St</b>

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R. 543BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8567

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Oliver P. Reynolds</i>		2. DATE OF DEATH <i>10-3-1951</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Md</i> b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>1144 Myrtle Ave</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>1144 Myrtle Ave. 17-03</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 10, 1912</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sanitor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Edgewood Arsenal chem (N)</i>	9. AGE (In years last birthday) <i>39</i>
11. BIRTHPLACE (State or foreign country) <i>Camden S.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Timothy Reynolds</i>		14. MOTHER'S MAIDEN NAME <i>Addie Davis</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Maggie Reynolds</i>		ADDRESS <i>1144 Myrtle Ave.</i>	
18. <i>442X</i> CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
(A) <i>Uremia</i> DUE TO			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(B) <i>Hypertensive Cardio Renal</i> DUE TO			
(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>9-19-51</i> , 19 <i>51</i> , to <i>10-3</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>10-3</i> , 19 <i>51</i> , and that death occurred at <i>4:00 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Thomson Culley</i>		23b. ADDRESS <i>1543 Penna. Ave</i>	
23c. DATE SIGNED <i>10/5/51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Shelton</i>		24b. DATE <i>Oct. 5, 1951</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Camden, S.C.</i>		24d. LOCATION (City, town, or county) (State) <i>Camden S.C. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>08/15/51</i>		25. FUNERAL DIRECTOR <i>Mrs. Kate V. Williams</i>	
ADDRESS <i>322 W. Schuch</i>			

CERTIFICATE OF DEATH

No. \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

City of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Vernia E. Jones

2. DATE  
OF  
DEATH

10-3-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Provident Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 4 1909

9. AGE (In years  
last birthday)

42

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lorton Va.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Louis Williams

14. MOTHER'S MAIDEN NAME

Sylvia Gillum

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

W. Atwell Jones

ADDRESS

1705 N  
Fulton Ave.

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) acute myocardial infarction  
DUE TO

5 hours

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) cirrhosis of liver

2 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946 to 10.31, 1951, that I last saw the  
deceased alive on 10.31, 1951, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

James D. Carr

23B. ADDRESS

1427 Madison Ave

23C. DATE SIGNED

10.5.51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-6-51

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memory

24D. LOCATION (City, town, or county)

Arbutus - Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Catherine Williams, M.D.

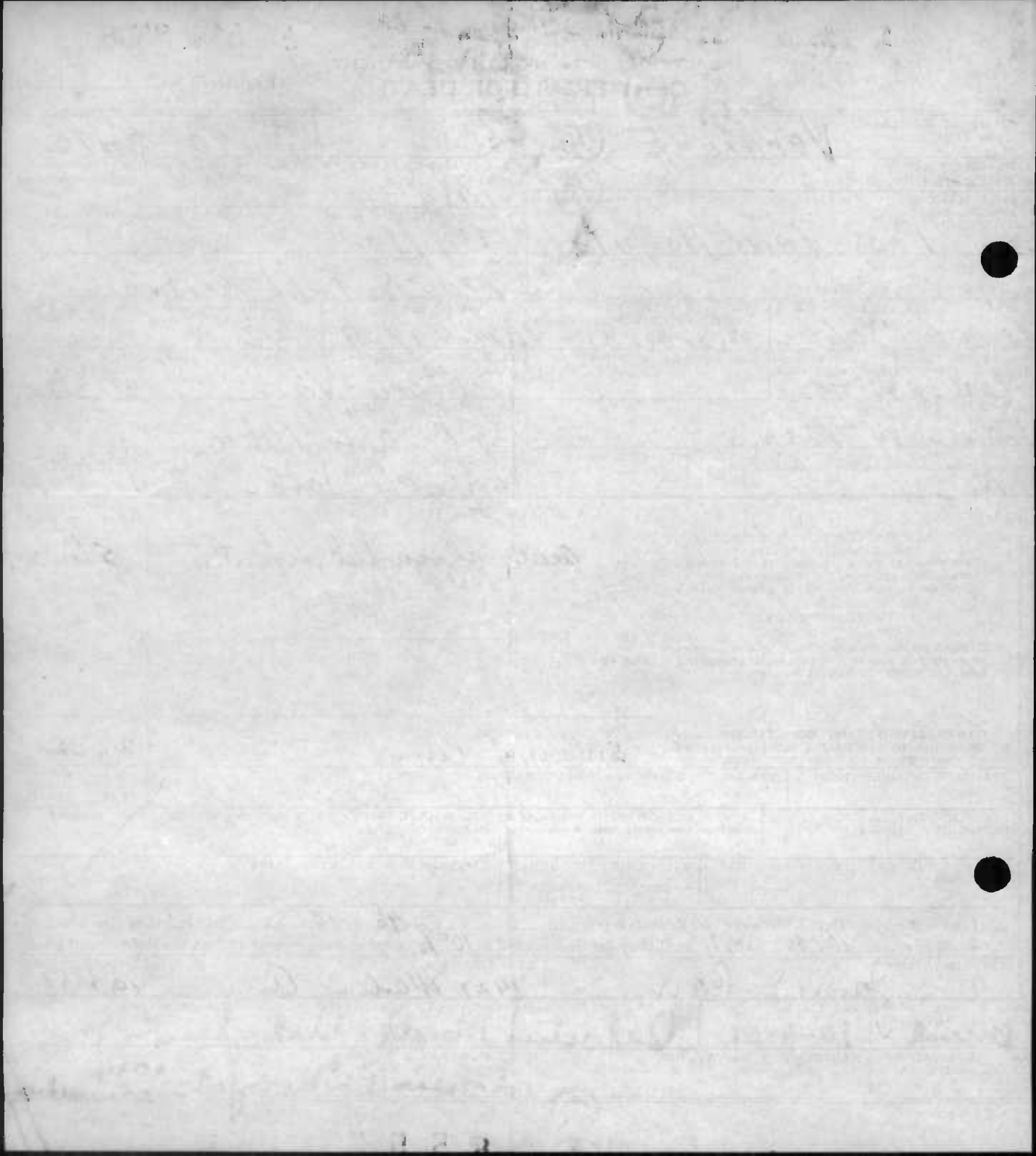
25. FUNERAL DIRECTOR

Louis B. Wawerjat

ADDRESS

1014  
Edmunds





51 8569

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8569

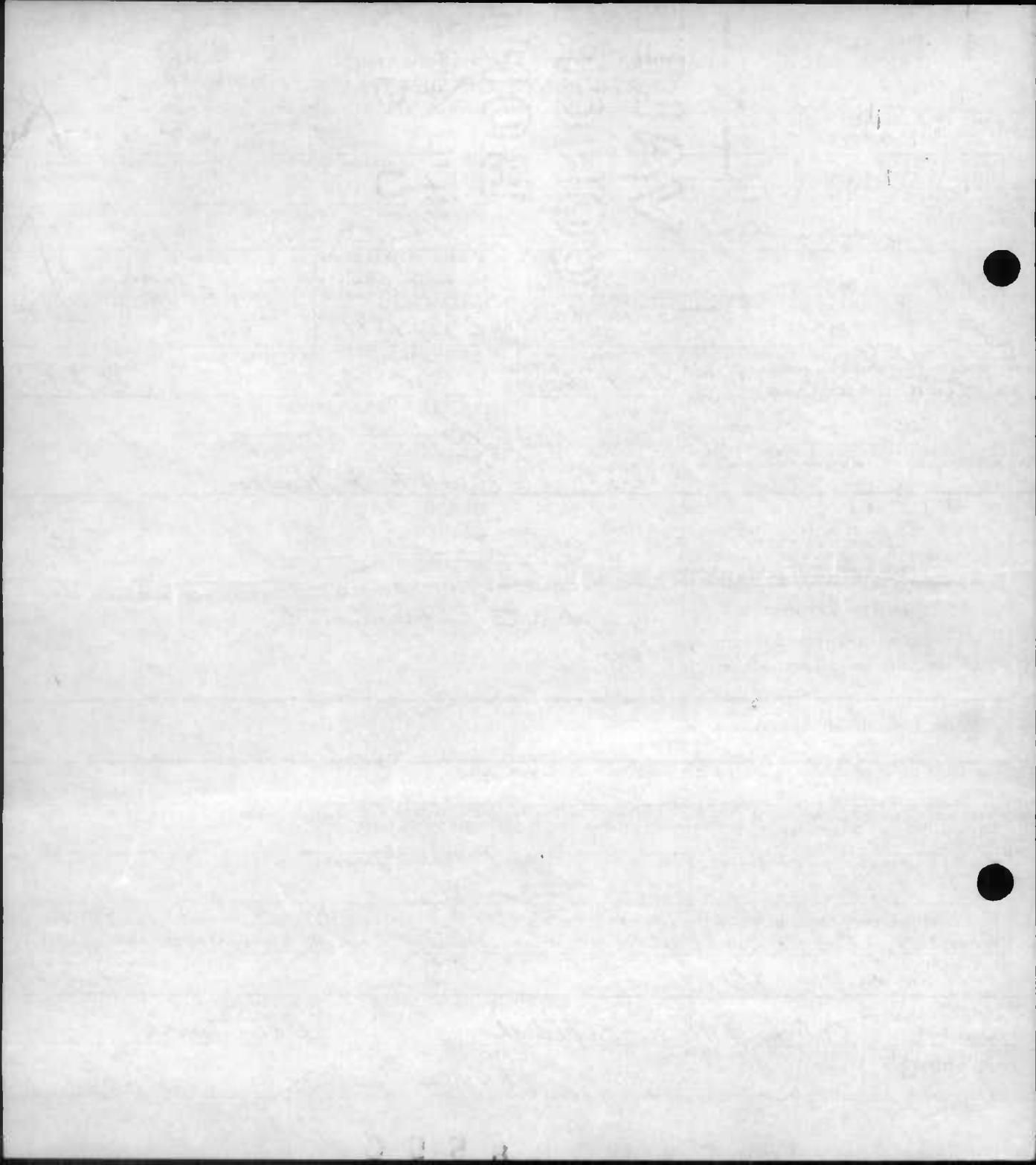
Registered No.

BIRTH NO. H-200

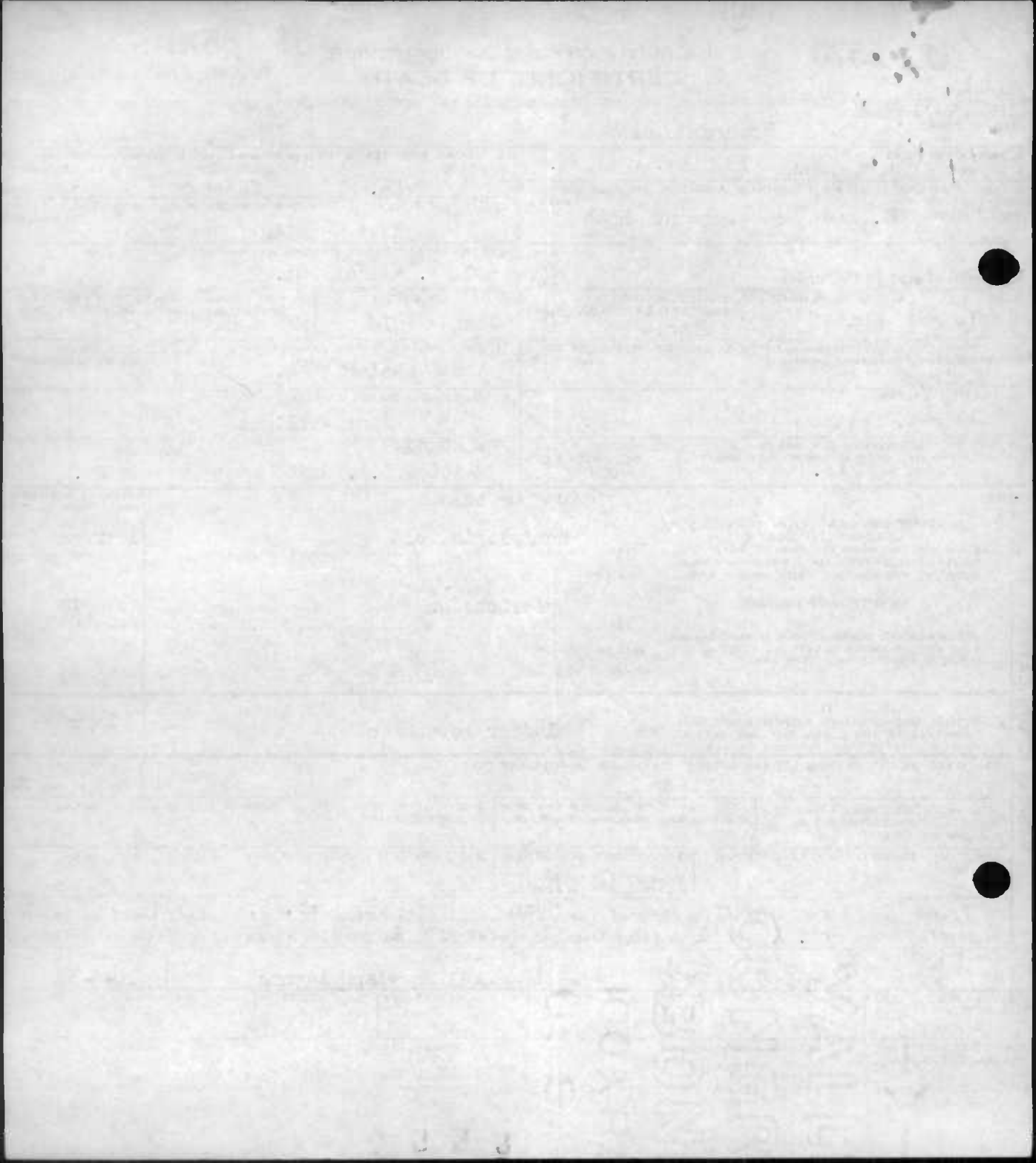
1. NAME OF DECEASED (Type or Print) <b>CAMILLA HISKEY</b>		2. DATE OF DEATH <b>OCT. 4, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Mercy Hosp.</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Mercy Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Balto.</b>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>Seabrook Nursing Home</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Nov. 25, 1871</b>
		9. AGE (In years last birthday) <b>80</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retail Saleslady</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Retail Candy Store</b>	11. BIRTHPLACE (State or foreign country) <b>Md.</b>
13. FATHER'S NAME <b>Albert Hiskey</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
		17. INFORMANT ADDRESS <b>Mercy Hosp. Records</b>	

18. <b>585X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Septicemia</b> DUE TO <b>Acute cholecystitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>✓</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>Sept. 29</b> , 1951, to <b>Oct. 4</b> , 1951, that I last saw the deceased alive on <b>Oct. 4</b> , 1951, and that death occurred at <b>8:20 P.m.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>Anthony G. Di Giovanni M.D.</b>		23B. ADDRESS <b>Mercy</b>		23C. DATE SIGNED <b>Oct. 4, 1951</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct. 6, 1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Cathedral</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS <b>Vernon Lannon, 4611 Park Heights</b>		



BALTIMORE CITY HEALTH DEPARTMENT				51 8570	
CERTIFICATE OF DEATH				Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Howard Tally				2. DATE OF DEATH 10/5/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2305 St. Paul St.				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pa. B. COUNTY Chester	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Paul Convelescent Home				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Chester V-35	
C. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 21 S. Walnut St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June- 1870	9. AGE (in years last birthday) About 81	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) West Chester Pa.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Amor L. Tally			14. MOTHER'S MAIDEN NAME Mary Williams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Ashton B.T. Smith West Chester Pa.		
18. 352 X I CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) hemiplegia, old				1 yr	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. hypertension				sev yrs probably	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. bladder retention				1 yr	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1951 to Oct. 5, 1951, that I last saw the deceased alive on Oct. 4, 1951, and that death occurred at 3:30 P.M., from the causes and on the date stated above.					
23A. SIGNATURE E. L. Smith		23B. ADDRESS 2431 Maryland Avenue		23C. DATE SIGNED 10-5-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/9/51		24C. NAME OF CEMETERY OR CREMATORY Greenmount Cmt.	
24D. LOCATION (City, town, or county) (State) West Chester, Pa.		24E. DATE RECEIVED BY LOCAL REGISTRAR 1951		24F. REGISTRAR'S SIGNATURE William J. Laxman	
24G. FUNERAL DIRECTOR ADDRESS William J. Laxman		24H. FUNERAL DIRECTOR ADDRESS William J. Laxman		24I. FUNERAL DIRECTOR ADDRESS William J. Laxman	



51 8571

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

51 Registered No. 8571

BIRTH NO. <u>M-625 51-10240</u>		1. NAME OF DECEASED (Type or Print) <b>MARIE MORGAN</b>		2. DATE OF DEATH <b>Oct. 3, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Dundalk</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Johns Hopkins Hospital</b>		D. STREET ADDRESS (If rural, give location) <b>Box 166 D - Lyndhurst Park Road</b>		E. AGE (in years last birthday) <b>8</b> Months: <b>28</b> Days: <b>28</b>	
F. LENGTH OF STAY IN BALTIMORE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>Jan 5, 1951</b>	
G. SEX <b>Female</b>		H. COLOR OR RACE <b>White</b>		I. AGE (in years last birthday) <b>8</b> Months: <b>28</b> Days: <b>28</b>	
J. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		K. KIND OF BUSINESS OR INDUSTRY <b>None</b>		L. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
M. FATHER'S NAME <b>Charles Morgan</b>		N. MOTHER'S MAIDEN NAME <b>Margaret Miller</b>		O. CITIZEN OF WHAT COUNTRY?	
P. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		Q. SOCIAL SECURITY NO.		R. INFORMANT ADDRESS <b>Mr. Charles Morgan Box 166d Balto. Co.</b>	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary atelectasis postoperative</b>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Third degree burns of legs-old</b>		<b>(over)</b>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Focal pneumonia</b>			

19A. DATE OF OPERATION <b>10-3-51</b>		19B. MAJOR FINDINGS OF OPERATION <b>Skin grafts for burns</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input checked="" type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Box 166D-Lyndhurst Pk. Rd.-Dundalk, Md.</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Feb. 28, 1951</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Basinet afire - home not afire</b>	
22. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>Stanley H. Dunbar</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED <b>Oct. 4, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/6/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral</b>	
				24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 6 1951</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Wm. J. Tickner &amp; Son</b>	
				ADDRESS <b>Norham</b>	

VS 151

N-949.9

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✓

See Document file 61-8971 - letter from  
Stanley H. Garlacher, M.D. Asst Medical Examiner  
dated Oct 29, 1961 authorization of additional info.  
11/2/61 EST:amc



51 8572

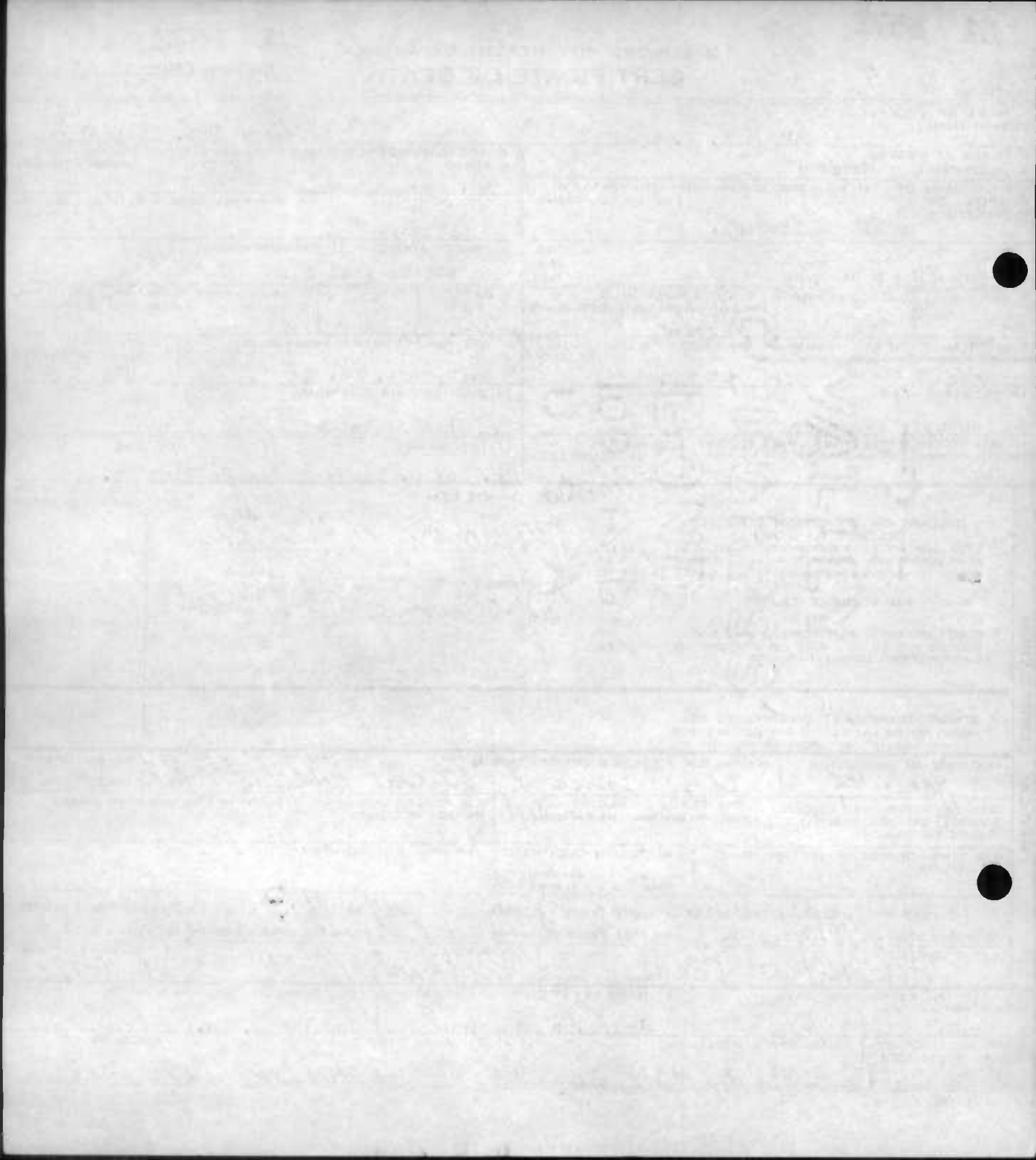
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8572

Registered No.

BIRTH NO. *S-610*

1. NAME OF DECEASED (Type or Print) <b>ELEANORA S. F. SERBE</b>			2. DATE OF DEATH <b>Oct. 3, 1951</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>806 Hollins St.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>806 Hollins St.</b>			<i>16-23</i>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 21, 1881</b>	9. AGE (In years last birthday) <b>70</b>	10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>August Kranenberg</b>			14. MOTHER'S MAIDEN NAME <b>Elizie Boette</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>No</b>		
17. INFORMANT <b>Mr. Max J. Serbe</b>			ADDRESS <b>806 Hollins St.</b>		
18. <i>170x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> <b>Pulmonary Metastasis.</b> <b>Carcinoma of Breast.</b>			INTERVAL BETWEEN ONSET AND DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>June. 4, 1951</b>			19B. MAJOR FINDINGS OF OPERATION <b>Carcinoma R. Breast attached to ribs</b>		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>21C. WHERE DID INJURY OCCUR?</b> (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>June. 1949</b> , to <b>10.3. 1951</b> , that I last saw the deceased alive on <b>10.3. 1951</b> , and that death occurred at <b>4 P. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Thos. J. Tuckner</b>			23B. ADDRESS <b>Med. Arts Bldg</b>		
23C. DATE SIGNED <b>10.5.51</b>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/6/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Mausoleum</b>	
24D. LOCATION (City, town, or county) <b>Woodland, Md.</b>		24E. ADDRESS			
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 6 1951</b>		REGISTRAR'S SIGNATURE <i>Thos. J. Tuckner</i>		25. FUNERAL DIRECTOR <b>Thos. J. Tuckner &amp; Sons Inc</b>	
ADDRESS <b>Balti. Md</b>					



9-450  
51 8573

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8573

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>RICHARD WILLIAM GALLON</b>			2. DATE OF DEATH <b>Oct. 3, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1246 Northview Rd.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
Length of stay in Baltimore _____ Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1246 Northview Rd.</b> <b>27-09</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 11, 1886</b>		9. AGE (in years last birthday) <b>65</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>V/Pres. Retired</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>	11. BIRTHPLACE (State or foreign country) <b>Balto., Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>John Gallon</b>			14. MOTHER'S MAIDEN NAME <b>Edith A. Chew</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT ADDRESS <b>Mr. R. W. Gallon Jr. 1246 Northview Rd.</b>	

18. <b>350X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Paralysis Agitans</b> DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH <b>12 YRS.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>May 6, 1947</b> , to <b>Oct. 3, 1951</b> , that I last saw the deceased alive on <b>Oct. 3, 1951</b> , and that death occurred at <b>7:00 p. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Lloyd E. Taylor</b> M. D.		23B. ADDRESS <b>3902 Greenmount av.</b>		23C. DATE SIGNED <b>Oct. 5, 1951</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/6/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 6 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. J. Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Wm. J. Jenkins &amp; Son Inc</b>		ADDRESS <b>Balto Md</b>	

51 390738562

87c

STATE OF CALIFORNIA  
DEPARTMENT OF CORRECTIONS

INVESTIGATION REPORT

DATE: 10/10/1964

BY: [illegible]

TO: [illegible]

FROM: [illegible]

SUBJECT: [illegible]

RE: [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

9. [illegible]

10. [illegible]

11. [illegible]

12. [illegible]

13. [illegible]

14. [illegible]

15. [illegible]

16. [illegible]

17. [illegible]

18. [illegible]

19. [illegible]

20. [illegible]

21. [illegible]

22. [illegible]

23. [illegible]

51 8574

BALTIMORE CITY HEALTH DEPARTMENT

51 8574

BIRTH NO.

51-28046

## CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED  
(Type or Print)

Baby Girl

2. DATE  
OF  
DEATH

Sept 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Hospital for the Women of Md

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE

Where deceased lived. If institution: residence before admission)

STATE Maryland

B. COUNTY

BALTO.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Middleboro Rd - Balto - 21 Md

8. DATE OF BIRTH

Sept 12, 1951

9. AGE (In years last birthday)

4

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

4 13

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF

WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

John Hubbard Browning

14. MOTHER'S MAIDEN NAME

Nettie Neighbors

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Nettie Neighbors (mother)

ADDRESS

MIDDLEBORO RD BALTO-21 MD

18. 462.5

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

anoxia

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

prematurity - 31 wks

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

3 hr 59 min

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-12, 1951 to 7-12, 1951 that I last saw the deceased alive on 9-12, 1951 and that death occurred at 935 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Henry Powell Jr

M. D.

23B. ADDRESS

47 Md. Ave. for women Baltimore Md

23C. DATE SIGNED

9/12/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL SEP 17 1951

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

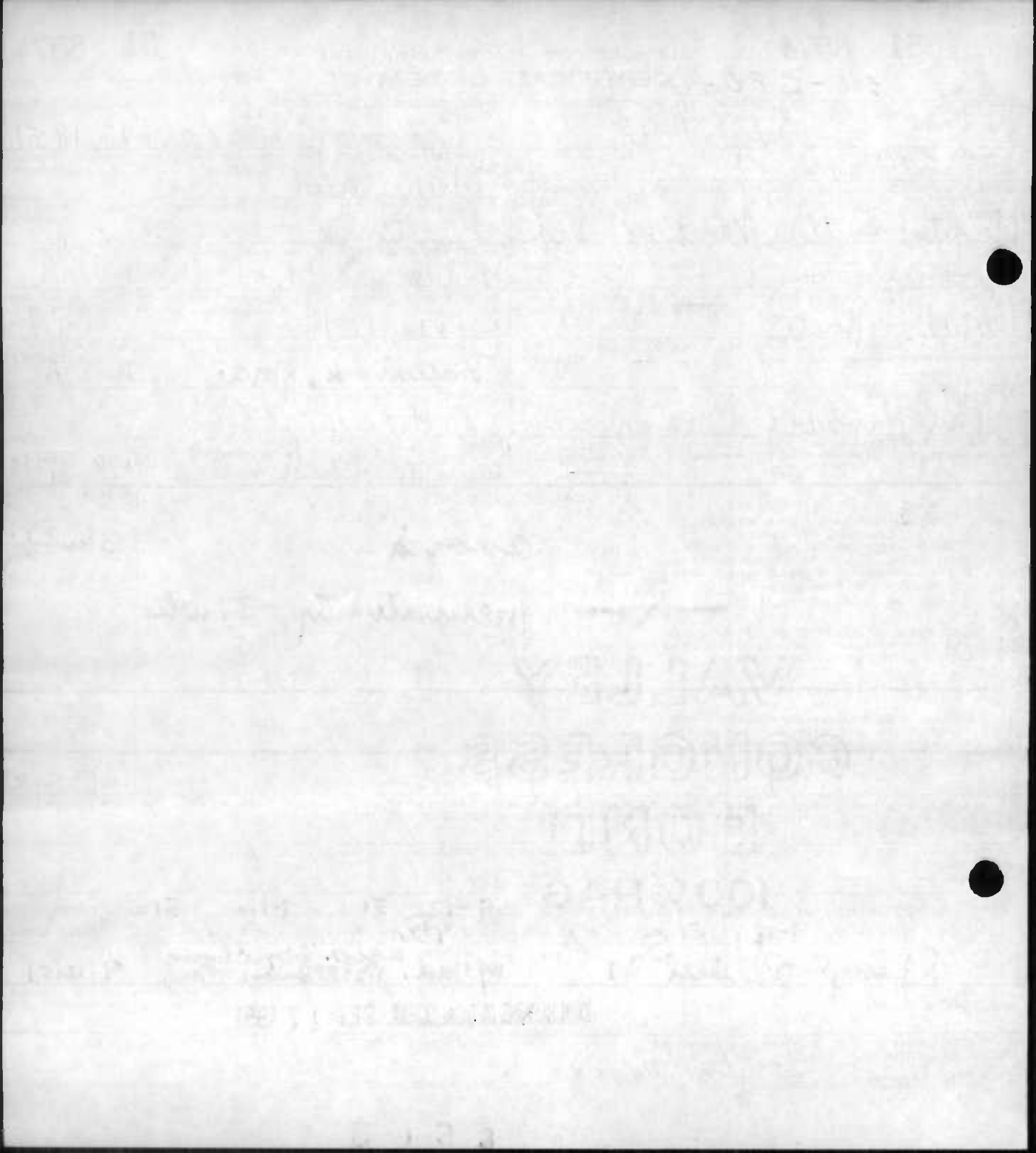
OCT 6 1951

VS 150

159

18510008563

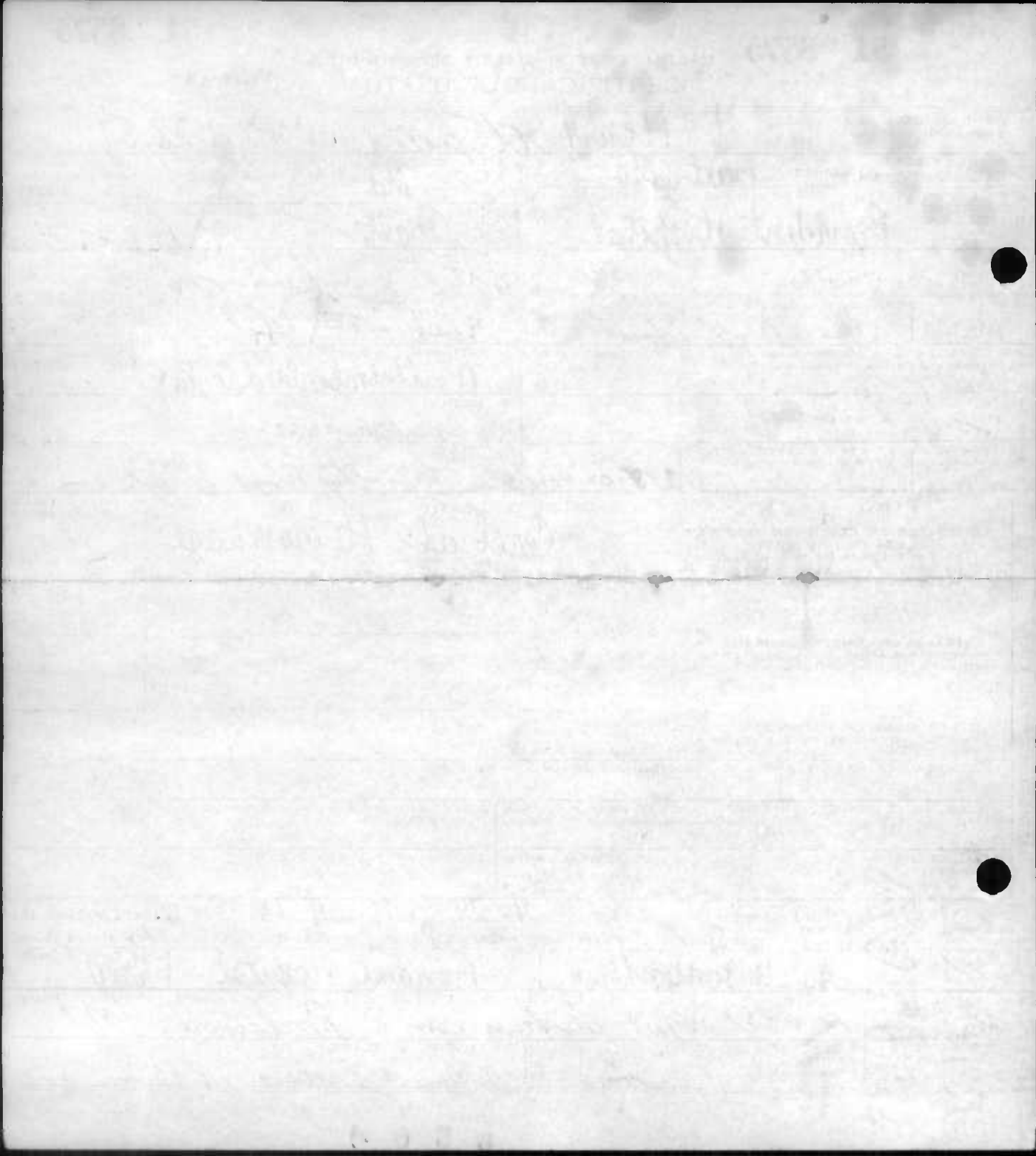
MEDICAL CERTIFICATION





51 8575 Registered No. _____	
BALTIMORE CITY HEALTH DEPARTMENT <b>CERTIFICATE OF DEATH</b>	
BIRTH NO. _____	
1. NAME OF DECEASED (Type or Print) <span style="float: right;">2. DATE OF DEATH</span> <div style="display: flex; justify-content: space-between;"> <span>Henry White</span> <span>9.28.51</span> </div>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <span style="float: right;">Bart. Md.</span>	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital	
C. LENGTH OF STAY IN BALTIMORE <span style="float: right;">50 yrs. Mos. Days</span>	
4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <span style="float: right;">Md.</span> B. COUNTY _____	
C. CITY OR TOWNSHIP (If outside corporate limits, write RURAL and give township) Balt. <span style="float: right;">17-02</span>	
D. STREET ADDRESS (If rural, give location) 607 Dolphin St	
5. SEX <span style="float: right;">M.</span> 6. COLOR OR RACE <span style="float: right;">col.</span> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <span style="float: right;">Widow</span>	
8. DATE OF BIRTH <span style="float: right;">4.28.1885</span> 9. AGE (In years, months, days) <span style="float: right;">64</span>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <span style="float: right;">Laborer</span> 10B. KIND OF BUSINESS OR INDUSTRY <span style="float: right;">gum</span>	
11. BIRTHPLACE (State or foreign country) <span style="float: right;">Northumberland Co., Pa.</span> 12. CITIZEN OF WHAT COUNTRY? <span style="float: right;">American</span>	
13. FATHER'S NAME <span style="float: right;">unknown</span> 14. MOTHER'S MAIDEN NAME <span style="float: right;">unknown</span>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <span style="float: right;">No</span> 16. SOCIAL SECURITY NO. <span style="float: right;">218-07-4016</span>	
17. INFORMANT <span style="float: right;">Mrs. Dorothy Floyd Duggan</span> ADDRESS <span style="float: right;">1037</span>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <span style="float: right;">Cerebral Hemorrhage</span>	
19. ANTECEDENT CAUSES (DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.) <span style="float: right;">II</span>	
19A. DATE OF OPERATION <span style="float: right;">0</span> 19B. MAJOR FINDINGS OF OPERATION <span style="float: right;">20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/></span>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <span style="float: right;">21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</span> 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <span style="float: right;">21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></span> 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <span style="float: right;">9.24.1951</span> to <span style="float: right;">9.28.1951</span> that I last saw the deceased alive on <span style="float: right;">9/28.1951</span> , and that death occurred at <span style="float: right;">1 P. m.</span> , from the causes and on the date stated above.	
23A. SIGNATURE <span style="float: right;">Dr. J. G. Gordon</span> 23B. ADDRESS <span style="float: right;">Provident Hospital</span> 23C. DATE SIGNED <span style="float: right;">9/28/51</span>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <span style="float: right;">Burial</span> 24B. DATE <span style="float: right;">10-6-51</span> 24C. NAME OF CEMETERY OR CREMATORY <span style="float: right;">Mt. Auburn Cem</span> 24D. LOCATION (City, town, or county) (State) <span style="float: right;">Baltimore Md</span>	
DATE RECEIVED BY LOCAL REGISTRAR <span style="float: right;">OCT 5 1951</span> REGISTRAR'S SIGNATURE <span style="float: right;">William A. Jackson</span> 25. FUNERAL DIRECTOR <span style="float: right;">William A. Jackson</span> ADDRESS <span style="float: right;">916 Penna ave</span>	





C-462

51 8576

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHX 51 8576  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Frank Clark

2. DATE  
OF  
DEATH

Oct. 3, 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hosp.

Yrs.  
Mos.  
Days

Length of stay in Baltimore?

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

6/7/1886

9. AGE (In years  
last birthday)

65

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Fireman

10B. KIND OF BUSINESS OR  
INDUSTRY

Retired (Wooden mill)

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Clark

14. MOTHER'S MAIDEN NAME

Emma Specht

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

411-10-6104

17. INFORMANT

Address: 604 Alvin Ave, Catonsville, Md

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

Arterio Sclerosis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1957, to 10-3, 1957, that I last saw the  
deceased alive on 10-3, 1957, and that death occurred at 330 P. M., from the causes and on the date stated above.

23A. SIGNATURE

E. Has. Watson

23B. ADDRESS

University Hosp

23C. DATE SIGNED

10-3-57

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 5 1957

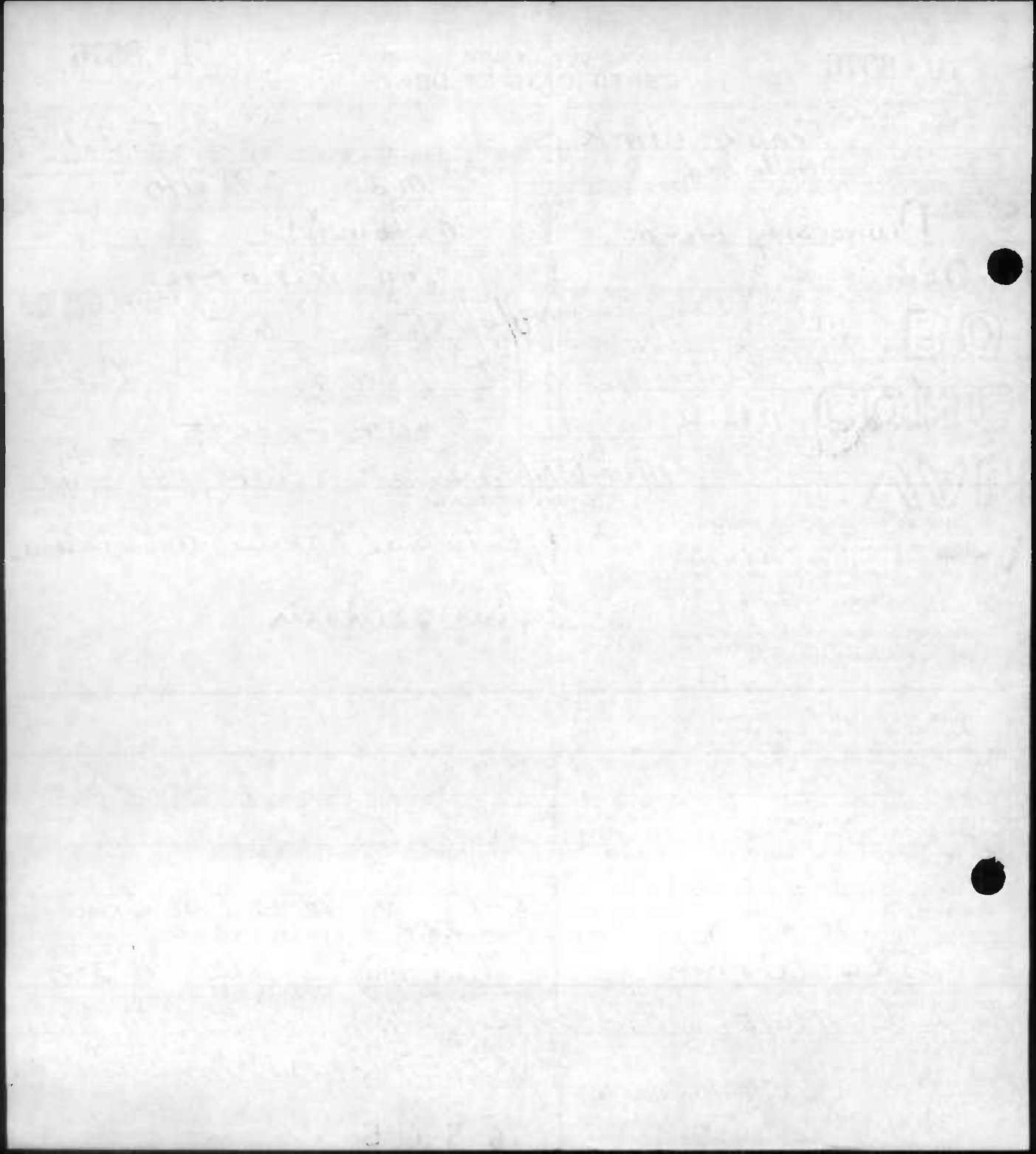
Huntington Williams, Md

Easton Sons Catonsville Md

937

1957 1052348565

MEDICAL CERTIFICATION



51-8577

51 8577

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. *non reg.*

1. NAME OF DECEASED (Type or Print) <i>Stephen Daczyszak</i>		2. DATE OF DEATH <i>Oct. 5, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>New Jersey</i> B. COUNTY <i>Passaic</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN, (If outside corporate limits, write RURAL and give township) <i>Passaic</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>139-141 9th St</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>11-12-50</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>10</i>
13. FATHER'S NAME <i>Walter Daczyszak</i>		14. MOTHER'S MAIDEN NAME <i>Mildred Smiraldi</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>754.6</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardiac failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs.</i>
DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Longenital heart disease</i>		<i>Since</i>
DUE TO		
(C) <i>Transposition of Great Vessels</i>		<i>with</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>Oct. 5, 1951</i>		19B. MAJOR FINDINGS OF OPERATION <i>Longenital Heart disease Transposition</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/4</i> , 19 <i>50</i> to <i>10/5</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>10/5</i> , 19 <i>51</i> , and that death occurred at <i>12:40</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>David S. Gossiston Jr.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>Oct 5, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Passaic New Jersey</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>Oct 5 1951</i>		REGISTRAR'S SIGNATURE <i>John M. Weber</i>		25. FUNERAL DIRECTOR <i>401 S. Chestnut</i>	

100

RECEIVED

100

100

100

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100

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100

100

51 8578

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8578  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Christian J. Hostenstein</b>			2. DATE OF DEATH <b>October 4, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>340 S. SMALLWOOD ST.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>		
C. Length of stay in Baltimore <b>LIFE</b>			D. STREET ADDRESS (If rural, give location) <b>340 S. SMALLWOOD ST.</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Dec. 29, 1885</b>	9. AGE (In years last birthday) <b>65</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SHIRT PRESSER</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Laundry</b>		
11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>John Hostenstein</b>			14. MOTHER'S MAIDEN NAME <b>Theresa Wolfert</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>215-01-3783</b>		
17. INFORMANT <b>Mrs. Ethel Hostenstein</b>			ADDRESS <b>340 S. SMALLWOOD ST.</b>		

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>arteriosclerosis</b>		<b>6 months</b>
(B) <b>—</b>		
(C) <b>—</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>none</b>		

19A. DATE OF OPERATION <b>10/4/51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <b>10/4/51</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10/1/51** to **10/4/51**, that I last saw the deceased alive on **10/4/51**, and that death occurred at **11:40 AM.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Benjamin Miller MD</b>	23B. ADDRESS <b>2030 W. 30th Ave</b>	23C. DATE SIGNED <b>10/4/51</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>10-6-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Meadowridge</b>	24D. LOCATION (City, town, or county) (State) <b>Howard County, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>10/6/51</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Geo. L. Schwab</b>	ADDRESS <b>2101 Frederick Ave</b>

VS 150

1951 0643 605 07

94a

MEDICAL CERTIFICATION

11 27

11 27

BONNIE

CONIFERS

WATLEY

11 27

11 27

11 27

11 27

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11 27

11 27



51 8579

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8579

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HARRY

ANDERSON

2. DATE  
OF  
DEATH

10-5-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

Length of stay in Baltimore

13

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Fruit Farmer

10B. KIND OF BUSINESS OR  
INDUSTRY

Farming

13. FATHER'S NAME

JOHN H. ANDERSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT ADDRESS

Union Memorial Hosp Baltimore

18. DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

Carcinoma of Prostate

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

?

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

June 1951

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Prostate

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 23, 1951, to Oct 5, 1951, that I last saw the  
deceased alive on Oct 5, 1951, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

B. R. Brink MD M. D.

23B. ADDRESS

Union Memorial Hosp 10-6-51

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-9-51

24C. NAME OF CEMETERY OR CREMATORY

CENTRE

24D. LOCATION (City, town, or county) (State)

NEW PARK, YORK CO. PA.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

Kenneth W. Osburn Stewartstown, Pa.





Dr. Klingfelter  
1101 N Calvert St

51 8581

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8581  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>HAZEL BAIRD LONGLEY</b>			2. DATE OF DEATH <b>October 4, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>US Public Health Service Hospital</b> <b>Woman Pk. Drive &amp; 31st Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>11-02</b>		
C. Length of stay in Baltimore Yrs. <b>?</b> Mos. Days			D. STREET ADDRESS (If rural, give location) <b>908 St. Paul Street</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>7/4/85</b>	9. AGE (In years last birthday) <b>66</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Mass.</b>
13. FATHER'S NAME <b>?</b>			14. MOTHER'S MAIDEN NAME <b>Elizabeth Fowler</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>?</b>			16. SOCIAL SECURITY NO. <b>?</b>		
17. INFORMANT <b>Records- US PHS HOSPITAL, Baltimore, Md.</b>			ADDRESS		

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <b>Myocardial infarction of left ventricle and interventricular septum</b>		DUE TO		<b>6 wks.</b>	
(B) <b>Occlusion of left coronary artery</b>		DUE TO		<b>6 wks.</b>	
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <b>10/2/51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **Aug. 18**, 1951, to **Oct. 4**, 1951, that I last saw the deceased alive on **Oct. 4**, 1951, and that death occurred at **2 P** m., from the causes and on the date stated above.

23A. SIGNATURE <b>W. F. Pitts, Asst. Surgeon (R)</b>		23B. ADDRESS <b>US PHS HOSPITAL, BALTO, MD.</b>		23C. DATE SIGNED <b>10/5/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>10/7/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>London Park</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 6 1951</b>		25. FUNERAL DIRECTOR <b>McCook</b>		ADDRESS <b>1219 St Paul St</b>	

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36  
51 8582BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8582  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Wm Walter Pinderhughes

2. DATE  
OF  
DEATH

Oct 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Home

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1203 Druid Hill Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

11-04

D. STREET ADDRESS (If rural, give location)

1203 Druid Hill Ave

c. Length of stay in Baltimore

45

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Male

Col

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Piano Tuner

11. BIRTHPLACE (State or foreign country)

Cambridge Md

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Pinderhughes

14. MOTHER'S MAIDEN NAME

Jennie Pinder

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Lucia Pinderhughes (wife)

18. 260X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arterio Sclerosis

DUE TO

(C) Diabetes Mellitus

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cardio Vascular Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 23, 1950 to Oct 3, 1951 that I last saw the deceased alive on July 31, 1951, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Ralph J. Young

M. D.

23B. ADDRESS

1429 E Monument St

23C. DATE SIGNED

Oct 5, 1951

24A. BURIAL, CREMA-  
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 6 1951

Huntington Williams, M.D.

Holland Funeral Home 1631 Druid Hill



STATE OF TEXAS

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STATE OF TEXAS

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51 8583

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8583

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HELENA EDWARDS

2. DATE  
OF  
DEATH

OCT 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNIVERSITY HOSP

C. Length of stay in Baltimore

all life

Yrs.  
Mos.  
Days

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

TANGMEYER, JOHN G.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

AUG 10, 1876

9. AGE (In years  
last birthday)

75

11. Under 1 Year  
Months: Days12. Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALTO. MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

STEID, MARY

17. INFORMANT

ADDRESS

V. ROBERT EDWARDS 404 ROSEBANK AVE

1B. E903.0,

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) PULMONARY EMPHYSEMA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) THROMBOSIS OF LEG VEINS

DUE TO

(C) INTERTROCHANTERIC

FRACTURE OF FEMUR

INTERVAL BETWEEN  
ONSET AND DEATH

9-22-51

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

NONE

William J. [Signature]

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER.

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

HOME

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

104 Rosebank Ave.

21D. TIME (Month) (Day) (Year) (Hour)

SEPT 29, 1951

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☒21F. HOW DID INJURY OCCUR? Signed & filed to  
PATIENT FELT AT HOME

SHE JUST TRIPPED floor.

22. I hereby certify that I attended the deceased from 2 PM 10-4-1951, to 8 PM 10-9-51, 1951, that I last saw the  
deceased alive on 10-4-1951 and that death occurred at 8 PM, from the causes and on the date stated above.

23A. SIGNATURE

Almausburger

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

OCT 5 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/8/51

24C. NAME OF CEMETERY

London Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 6 1951

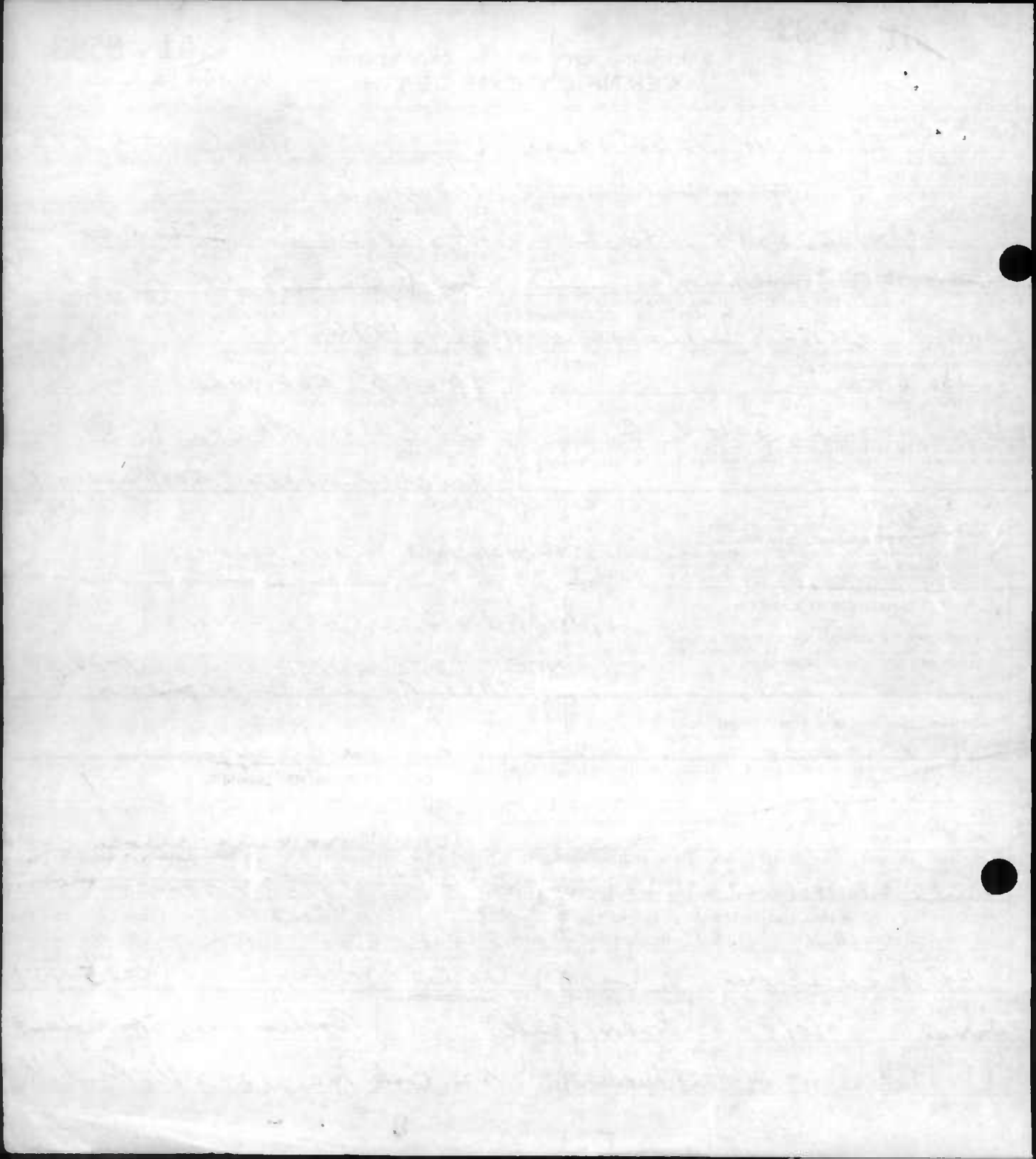
[Signature]

Wm. Cook, Inc., 1217 W. Paul St.

N-821.0

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635  
51 8584BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8584  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Miss Annie Frances Gardner

2. DATE  
OF  
DEATH

October 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION(If not in hospital or institution, give street address or location)  
Beech Hill Nursing Home  
6028 Old Harford Road

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of  
work, does during most of working life, even if retired)

Weaver Cotton Mill

10B. KIND OF BUSINESS OR  
INDUSTRY

Retired 10 yrs.

13. FATHER'S NAME

John W. Gardner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

?

8. DATE OF BIRTH

Dec. 15, 1871

9. AGE (In years  
last birthday)

79

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U S A

14. MOTHER'S MAIDEN NAME

Annie C. Gould

17. INFORMANT

Mrs. Pearl L. Wilke

ADDRESS

Richmond Hill, N. Y.

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

(?)

1950

MEDICAL CERTIFICATION

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 29, 1951 to Oct 4, 1951, that I last saw the  
deceased alive on 9/29, 1951 and that death occurred at 2:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 6, 1951

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

Horace Burgee Jr.

937

1945

12

IN THE DISTRICT COURT OF THE UNITED STATES FOR THE DISTRICT OF COLUMBIA

Case No. 100-100000-1

Subscribed and sworn to before me this 10th day of December, 1945.

Notary Public for the District of Columbia

My Commission Expires on 10th day of December, 1946.

Witness my hand and the seal of my office this 10th day of December, 1945.

Notary Public for the District of Columbia

My Commission Expires on 10th day of December, 1946.

Witness my hand and the seal of my office this 10th day of December, 1945.

Notary Public for the District of Columbia

My Commission Expires on 10th day of December, 1946.

Witness my hand and the seal of my office this 10th day of December, 1945.

Notary Public for the District of Columbia

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My Commission Expires on 10th day of December, 1946.

Witness my hand and the seal of my office this 10th day of December, 1945.

Notary Public for the District of Columbia

My Commission Expires on 10th day of December, 1946.

Witness my hand and the seal of my office this 10th day of December, 1945.

Notary Public for the District of Columbia

My Commission Expires on 10th day of December, 1946.

Witness my hand and the seal of my office this 10th day of December, 1945.

Notary Public for the District of Columbia

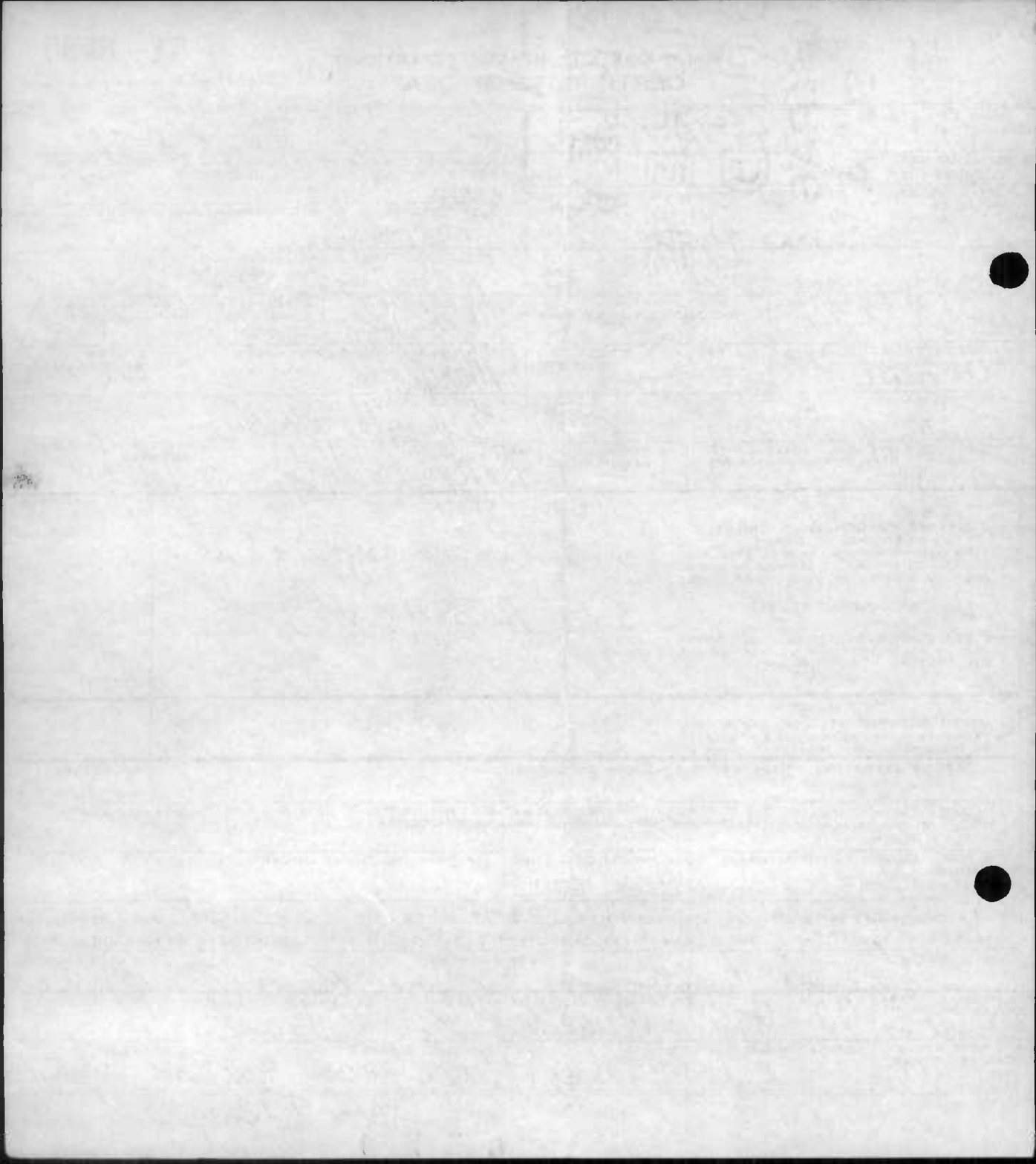
My Commission Expires on 10th day of December, 1946.

Witness my hand and the seal of my office this 10th day of December, 1945.

Notary Public for the District of Columbia

16  
51 8585BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8585  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mary E. Ambrose</i>		2. DATE OF DEATH <i>10-5-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Baltimore</i>			
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hosp</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i>			
7. LENGTH OF STAY IN BALTIMORE <i>Life</i>		8. STREET ADDRESS (If rural, give location) <i>1128 W 37th Street</i>			
9. SEX <i>Female</i>	10. COLOR OR RACE <i>White</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	12. DATE OF BIRTH <i>Sept. 4-1888</i>	13. AGE (in years last birthday) <i>83</i>	14. If Under 1 Year Months: Days Hours: Min.
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		16. KIND OF BUSINESS OR INDUSTRY —		17. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
18. FATHER'S NAME <i>Henry Gover</i>		19. MOTHER'S MAIDEN NAME <i>Elizabeth Gorsuch</i>		20. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
21. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		22. SOCIAL SECURITY NO. —		23. INFORMANT <i>Mrs. Mary E. Whately</i>	
24. ADDRESS <i>5509 Richard A.</i>		25. CAUSE OF DEATH <i>Pulmonary Embolism</i>			
26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>AS HCVI</i>		27. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>AS HCVI</i> (C)			
28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
29. DATE OF OPERATION <i>0</i>		30. MAJOR FINDINGS OF OPERATION		31. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
32. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		33. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		34. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
35. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>m.</i>		36. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		37. HOW DID INJURY OCCUR?	
38. I hereby certify that I attended the deceased from <i>10-5-51</i> , 19 <i>51</i> , to <i>10-5-51</i> , that I last saw the deceased alive on <i>10-5</i> , 19 <i>51</i> , and that death occurred at <i>3:30 p.m.</i> , from the causes and on the date stated above.					
39. SIGNATURE <i>Jerene Floolby</i>		40. ADDRESS <i>1128 W 37th Street</i>		41. DATE SIGNED <i>10-5-51</i>	
42. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		43. DATE <i>Oct. 8-1951</i>		44. NAME OF CEMETERY OR CREMATORY <i>St. Mary's Cemetery</i>	
45. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		46. LOCAL REGISTRAR <i>Oct 6 1951</i>			
47. REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		48. FUNERAL DIRECTOR <i>Horace F. Dargue</i>		49. ADDRESS <i>3631 Falk Road</i>	
VS 150		50. <i>93</i>			





51 8586

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 8586

BIRTH NO. 51-23190

1. NAME OF DECEASED  
(Type or Print)

LLOYD SCATTERGOOD

2. DATE  
OF  
DEATH

Oct 5 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Carroll

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Westminster

D. STREET ADDRESS (If rural, give location)

5641

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male white

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

10/5-51

9. AGE (In years  
last birthday)11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

University Hosp.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Lloyd Scattergood

14. MOTHER'S MAIDEN NAME

Elizabeth Stauffer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Hospital Records

18. 770.0 I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Perforation umbilical vein

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Exchange transfusion

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

In Gryphus Hysterosi Setales.

INTERVAL BETWEEN  
ONSET AND DEATH

11 hours

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORKNOT WHILE  
AT WORK22. I hereby certify that I attended the deceased from Oct 5, 1951 to Oct 5, 1951 that I last saw the  
deceased alive on Oct 5, 1951, and that death occurred at 11:00 pm., from the causes and on the date stated above.

23A. SIGNATURE

James E. Shaw M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

Oct 6, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 6 1951

VS 150

Wilmington Williams, Jr.

R. L. Gutzke &amp; Sons

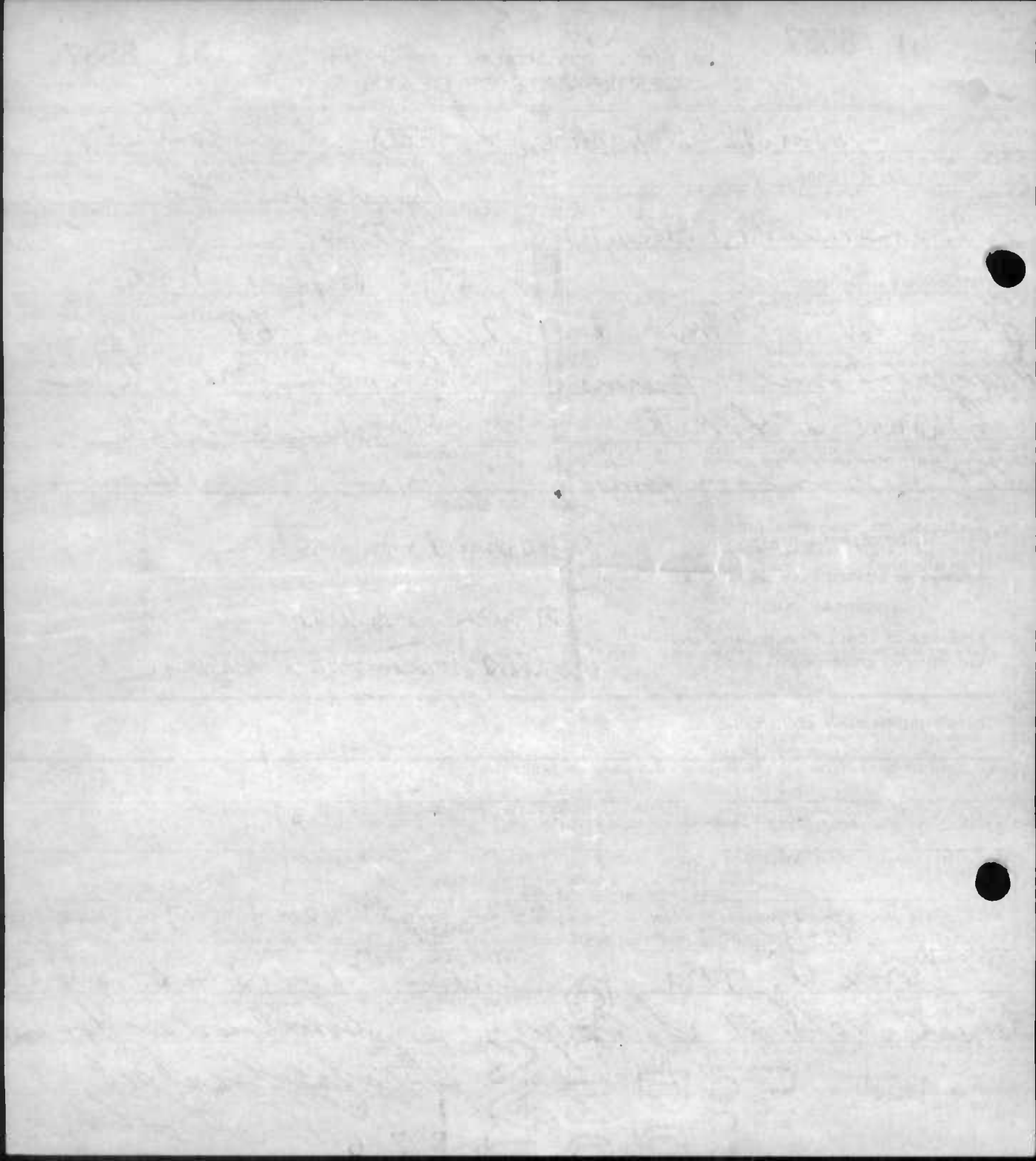
Elmer B. Gutzke &amp; Sons, Inc.

CERTIFICATE OF DEATH

STATE OF NEW YORK

Name of Deceased		Sex		Age		Date of Death	
Place of Birth		Usual Residence		Cause of Death		Manner of Death	
Occupation		Education		Medical History		Post-mortem Examination	
Signature of Physician		Signature of Coroner		Signature of Registrar		Signature of Witnesses	
Date of Issuance		Place of Issuance		County		State	

5 3 2 3 5 0 0 3 5 7 6 937



25  
51 8588BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

51 8588

BIRTH NO. 51-23452

1. NAME OF DECEASED  
(Type or Print)

Baby Boy Atkins

2. DATE  
OF  
DEATH

October 5 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland X

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Pasadena

D. STREET ADDRESS (If rural, give location)

5th &amp; Outing Avenue

S. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Infant

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

William Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

10-4-1951

9. AGE (in years last birthday)

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary Morgan

17. INFORMANT

ADDRESS

18. 76210

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) \_\_\_\_\_

DUE TO

Atelectasis

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_

DUE TO

Coronary Sclerotic  
Chronic Hypertension

(C) \_\_\_\_\_

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-4-1951 to 10-5-1951, that I last saw the deceased alive on 10-5-1951, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

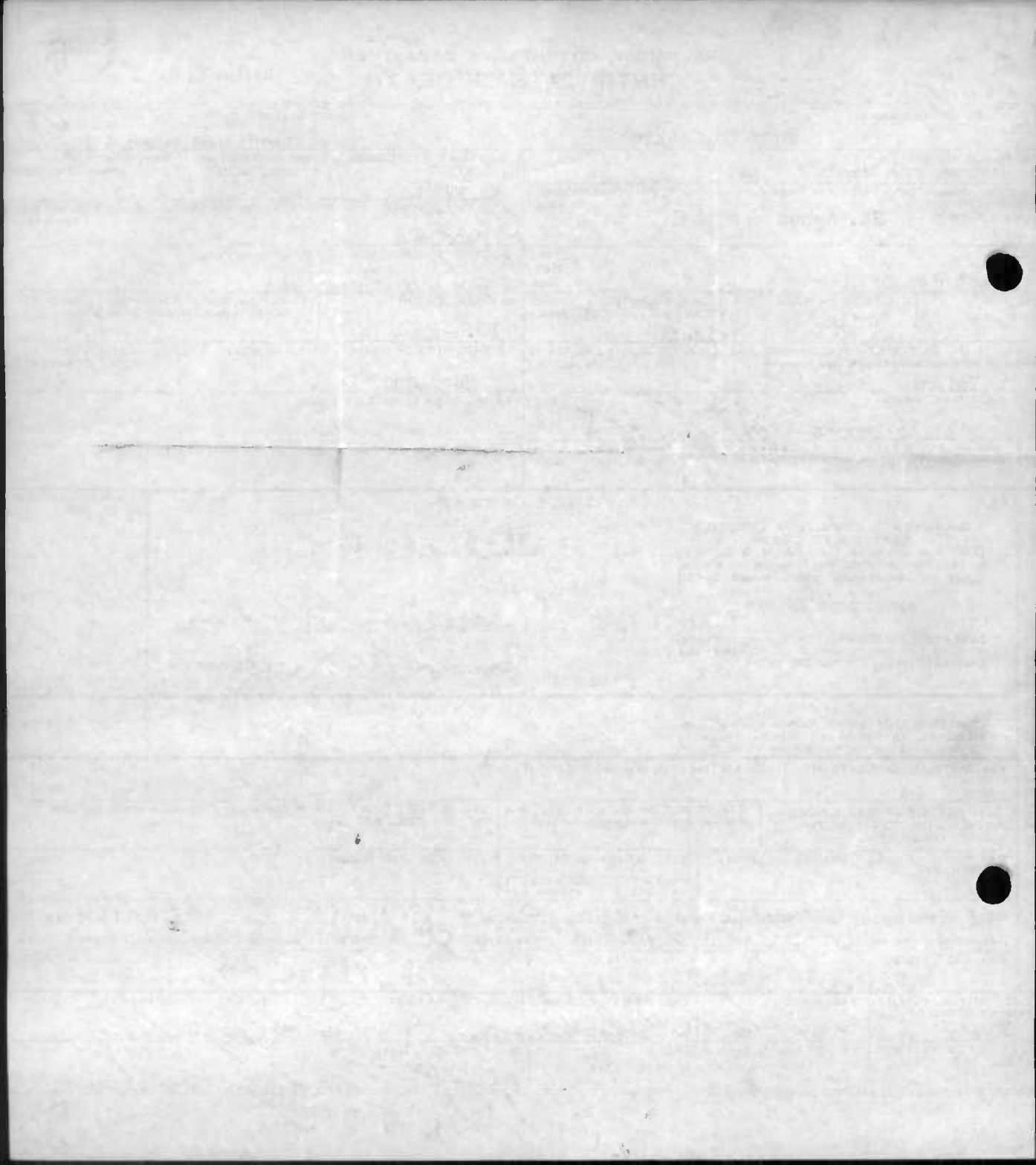
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1951 OCT 6 8 57 160c





51 8589

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8589

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Louise Elizabeth Roycroft

2. DATE  
OF  
DEATH

Oct. 5, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONHospital for Women  
of Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
a. STATE b. COUNTY before admission)

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore 15-06

d. STREET ADDRESS (If rural, give location)

2940 W. North Ave.

c. Length of stay in Baltimore

41 Yrs.  
Mem  
Days

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Sept. 27, 1910

9. AGE (in years,  
last birthday)

41

10 Under 1 Year  
Months: Days Hours: Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

School Teacher

10b. KIND OF BUSINESS OR  
INDUSTRY

High School A.A.

11. BIRTHPLACE (State or foreign country)

Maryland Balto.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Frank L. Eyer

14. MOTHER'S MAIDEN NAME

Marie C. Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
Yes, no (or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

1-

17. INFORMANT

ADDRESS

Hospital Records.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A) Generalized Carcinomatous

4 wks.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Adenocarcinoma, primary source Unknown. Unknown.

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

Sept. 27, 1951

19b. MAJOR FINDINGS OF OPERATION

Metastatic Carcinoma to liver Generalized Carcinomatous

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)  
INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1951, to Oct 5, 1951, that I last saw the  
deceased alive on Oct 5, 1951, and that death occurred at 12:25 P. M., from the causes and on the date stated above.

23a. SIGNATURE

Robert H. Reuter

M. D.

23b. ADDRESS Hospital for Women  
of Maryland Balto. Md.

23c. DATE SIGNED

Oct 5, 1951

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

10-8-51

24c. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24d. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 6 1951

REGISTRAR'S SIGNATURE

Stanton Williams, M.D.

25. FUNERAL DIRECTOR

Wm J. Jackson &amp; Son Inc

ADDRESS

Balto. Md.

0938V

55E

MEDICAL CERTIFICATION



VALLEY  
COMBRES  
EONE

51 8590

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8590

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

JAMES (JIM)

McCAULEY

2. DATE

OF

DEATH October 5, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

University Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

a. STATE

b. COUNTY

before admission)

Maryland

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

519 W. Franklin Street

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 7, 1882

9. AGE (in years last birthday)

69

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Handyman

10b. KIND OF BUSINESS OR INDUSTRY

Maint- General

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

? Arndt

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

218-10-7511

17. INFORMANT

ADDRESS

Mrs. Katherine J. McCauley W. Franklin St.

18. 422.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Arteriosclerotic Cardiovascular  
xxx Disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

10/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/8/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 6 1951

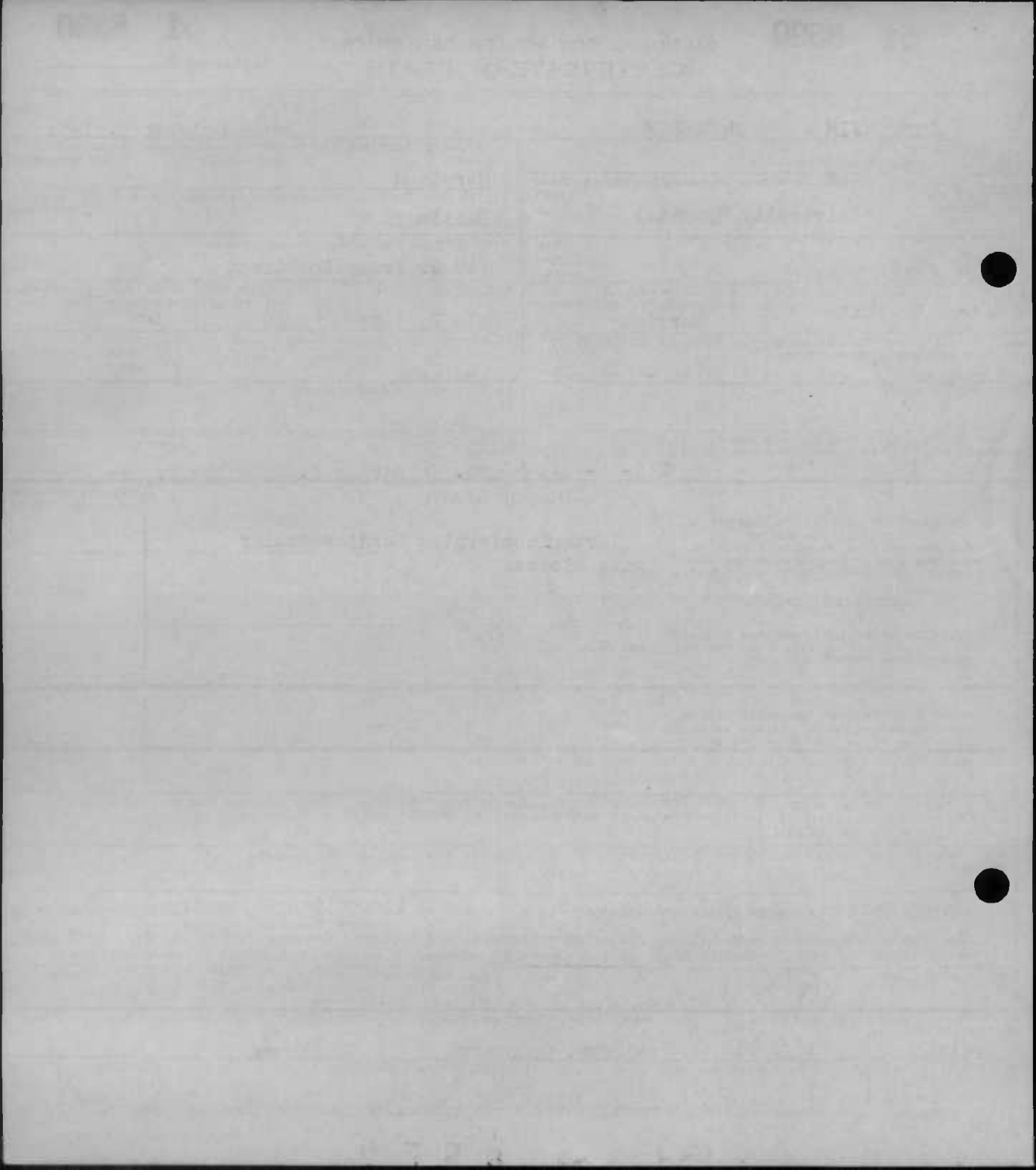
H. H. Williams, Jr.

Wm. J. Tucker, Inc. 1000 N. Baltimore St.

V S 151

1951 OCT 8 920990

937



32  
51 8591BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 8591

1. NAME OF DECEASED (Type or Print) <i>George J. Brutsche Sr.</i>		2. DATE OF DEATH <i>Oct. 3 - 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Jayette &amp; Calhoun</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Franklin Square Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Artutua</i> <i>5300</i>	
6. Length of stay in Baltimore <i>66</i>		D. STREET ADDRESS (If rural, give location) <i>4206 Leeds Ave</i>	
6. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 23 - 1885</i>
9. AGE (In years last birthday) <i>66</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machinist</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machinist</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>B &amp; O R. R.</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
13. FATHER'S NAME <i>William F. Brutsche</i>		14. MOTHER'S MAIDEN NAME <i>Fannie Duke</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Mrs. Ida S. Brutsche</i>		ADDRESS <i>4206 Leeds Ave</i>	

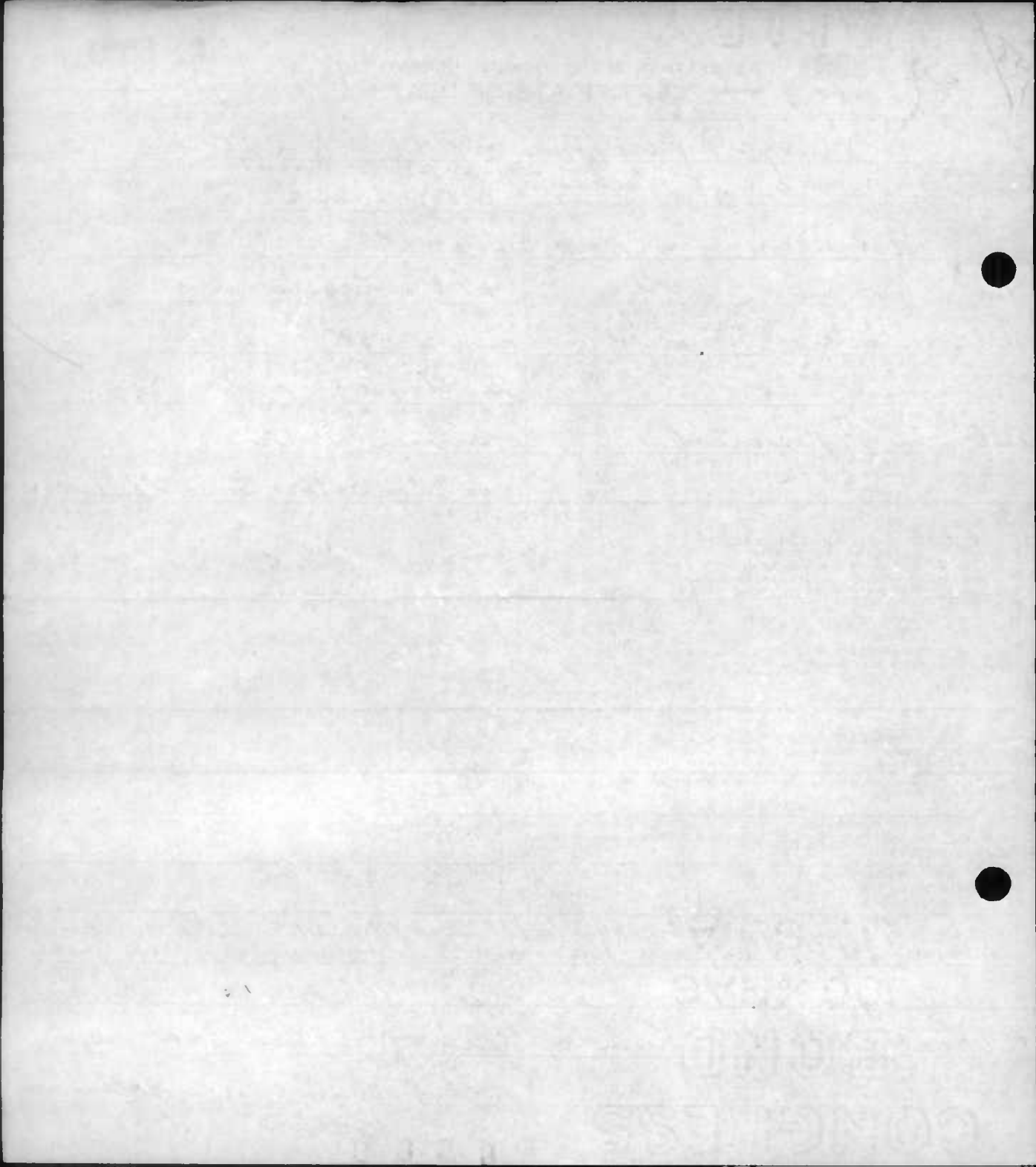
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i> DUE TO (A) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Arteriosclerosis</i> DUE TO (C) <i>-</i>			<i>2 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>None</i>			

19A. DATE OF OPERATION <i>10/3/51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <i>10/3/51</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *10/1*, 19*49*, to *10/3*, 19*51*, that I last saw the deceased alive on *10/3*, 19*51*, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>William F. Brutsche</i>		23B. ADDRESS <i>2030 W. Glen Ave</i>		23C. DATE SIGNED <i>10/5/51</i>	
--	--	---	--	------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10-6-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 6 1951</i>		REGISTRAR'S SIGNATURE <i>William F. Brutsche</i>		25. FUNERAL DIRECTOR <i>Geo. L. Beyer Jr.</i>		ADDRESS <i>1512 Hollins St</i>	



51 8592

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8592

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Isabella E. Simms

2. DATE  
OF  
DEATH

10-3-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1713 W. Lanvale St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

16-03

D. STREET ADDRESS (If rural, give location)

1713 W. Lanvale St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female Col.

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 2, 1894 57

9. AGE (In years last birthday)

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert F. Williams

14. MOTHER'S MAIDEN NAME

Bertha Loates

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.17. INFORMANT  
ADDRESS  
Mabel Lucas 231 Myrtle Ave

18. 434.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Congestive heart failure

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 1947, to Oct. 3, 1947, that I last saw the deceased alive on Oct. 3, 1947, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 6 1951

Katherine Williams, M.D.

Mrs. Katie R. Williams Schenck St

STATE OF NEW YORK  
IN SENATE  
January 10, 1907.

Report of the  
Commissioner of the  
Department of Education  
for the year 1906.

ALBANY: J. B. LIPPINCOTT & CO.,  
PRINTERS, 1907.



H-224  
Dr. Cook  
2431 Maryland

51 8593

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8593

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ella Patience Hakesley

2. DATE  
OF  
DEATH

Oct. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1913 Eutaw Place

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

10-02

D. STREET ADDRESS (If rural, give location)

829 Hillman Court

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

Oct. 2, 1867

9. AGE (in years last birthday)

84

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Wilmington, Delaware

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John W. Carey

14. MOTHER'S MAIDEN NAME

Lavania E.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS Pkway

Mr. George Heatherton, 2956 Wyman

18. 450.01

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

auricular fibrillation

1 week

DUE TO

ANTECEDENT CAUSES

(B)

generalized arteriosclerosis

sev yrs

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

senility

1 yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐

NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1949 to Oct. 6, 1951, that I last saw the deceased alive on Oct. 5, 1951, and that death occurred at 6:00 A. from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

2431 Maryland Avenue

23C. DATE SIGNED

10-6-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-9-51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

OCT 7 1951

97

822

1977-0-000000

1977-0-000000

1977-0-000000

1977-0-000000

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1977-0-000000

1977-0-000000

B-615  
51 8594

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8594  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>EDWARD P. BURBANK</b>		2. DATE OF DEATH <b>Oct. 4, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>3512 Hamilton Avenue</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan. 10 - 1889</b>	9. AGE (In years, last birthday) <b>62</b>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Supt. Continental Can Co.</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Pittsfield Pa</b>	
13. FATHER'S NAME <b>?</b>		14. MOTHER'S MAIDEN NAME <b>?</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. <b>E 973.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Asphyxiation</b> DUE TO <b>carbon monoxide poisoning</b>  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  <b>(B)</b>  <b>(C)</b>  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
---	----------------	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Garage</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>3512 Hamilton Avenue</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>October 4, 1951 9:30A. m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Carbon monoxide poisoning</b>	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input checked="" type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>Stanley H. Dauscher M.D.</b>		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED <b>Oct. 4, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24B. DATE <b>10-6-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Greenmount</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>		25. FUNERAL DIRECTOR <b>L. J. Luck</b>		ADDRESS <b>5305 Harford Rd</b>	

17 1951 N-968405 1-2993A 8503 163M ✓

10-3-12

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**D-120**  
**51 8595**

**BALTIMORE CITY HEALTH DEPARTMENT** **X** **51 8595**  
**CERTIFICATE OF DEATH** Registered No.

BIRTH NO. *None*

1. NAME OF DECEASED (Type or Print) **Davis Baby Boy**

2. DATE OF DEATH **10-4-51**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Maryland** B. COUNTY **St. Mary's**

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION **University Hospital**

6. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)  
**Chaptico**

7. STREET ADDRESS (If rural, give location)  
**6800**

8. SEX **Male**

9. COLOR OR RACE **White**

10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **SINGLE**

11. DATE OF BIRTH **9-25-51**

12. AGE (In years last birthday) **newborn**

13. Under 1 Year Months: **0** Days: **10**

14. Under 24 Hours Hours: **10** Min.

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **none**

16. KIND OF BUSINESS OR INDUSTRY **none**

17. BIRTHPLACE (State or foreign country) **Maryland**

18. CITIZEN OF WHAT COUNTRY? **USA**

19. FATHER'S NAME **Leonard Davis**

20. MOTHER'S MAIDEN NAME **Lillian Davis**

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) **no**

22. SOCIAL SECURITY NO.

23. INFORMANT **LEONARD B DAVIS**

24. ADDRESS

25. CAUSE OF DEATH

26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **Immaturity**

27. ANTECEDENT CAUSES (A) **Immaturity** (B) **prematurity** (C)

28. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

30. DATE OF OPERATION **10-6-51**

31. MAJOR FINDINGS OF OPERATION

32. AUTOPSY? YES ☐ NO ☐

33. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

34. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

35. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

36. TIME (Month) (Day) (Year) (Hour) (Minute) INJURY

37. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

38. HOW DID INJURY OCCUR?

39. I hereby certify that I attended the deceased from **October 3, 1951** to **October 4, 1951**, that I last saw the deceased alive on **October 4, 1951** and that death occurred at **4:15 A.M.**, from the causes and on the date stated above.

40. SIGNATURE **R. K. Skipton** M. O. **University Hosp.**

41. ADDRESS **University Hosp.**

42. DATE SIGNED **10-6-51**

43. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

44. DATE **10-8-51**

45. NAME OF CEMETERY OR CREMATORY **ST. Joseph's Cem.**

46. LOCATION (City, town, or county) (State) **MORGANZA ST. MARY Co**

47. DATE RECEIVED BY LOCAL REGISTRAR **CT 7 1951**

48. REGISTRAR'S SIGNATURE **Wm. M. Williams**

49. FUNERAL DIRECTOR **CHAS F EVANS & SON**

50. ADDRESS **118 W MT ROYAL AVE**

51. VS 150

52. 159



J-160

51 8596

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHX 51 8596  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MRS. Charlotte Jeffery

2. DATE  
OF  
DEATH

10-6-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

ST. Agnes Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Frederick Lanovity

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Subdural hemorrhage  
DUE TO Anoxia - internal carotid @  
base of brain

10 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Lung - Anoxia &amp; laceration of carotid

19A. DATE OF OPERATION

10/4/51

19B. MAJOR FINDINGS OF OPERATION

Anoxia @ base of brain

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/3/51, 19\_\_, to 10/6/19\_\_, that I last saw the  
deceased alive on 10/6/51, 19\_\_, and that death occurred at 6:00 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Walter J. King

M. D.

23B. ADDRESS

St. Agnes Hosp

23C. DATE SIGNED

10/6/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct. 9, 1951

24C. NAME OF CEMETERY OR CREMATORY

Friendship Cemetery

24D. LOCATION (City, town, or county)

Anne Arundel Co. Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, Md

25. FUNERAL DIRECTOR

ADDRESS

De Witt Memorial Home, Annapolis, Md



RECEIVED AT THE OFFICE OF THE SECRETARY OF THE ARMY

WASHINGTON, D. C. 20315

DATE: 10/10/54

TO: THE SECRETARY OF THE ARMY

FROM: THE SECRETARY OF THE ARMY

SUBJECT: [Illegible]

REFERENCE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

23. [Illegible]

24. [Illegible]

25. [Illegible]

26. [Illegible]

27. [Illegible]

28. [Illegible]

29. [Illegible]

30. [Illegible]

31. [Illegible]

32. [Illegible]

33. [Illegible]

34. [Illegible]

35. [Illegible]

36. [Illegible]

37. [Illegible]

38. [Illegible]

39. [Illegible]

40. [Illegible]

41. [Illegible]

42. [Illegible]

43. [Illegible]

44. [Illegible]

45. [Illegible]

46. [Illegible]

47. [Illegible]

48. [Illegible]

49. [Illegible]

50. [Illegible]

1328

S-432

51 8597

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

51 8597

1. NAME OF DECEASED  
(Type or Print)

Frederick E. Schultheis

2. DATE  
OF  
DEATH

Oct. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2101 St. Paul St.

C. Length of stay in Baltimore

72

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired clerk

10B. KIND OF BUSINESS OR INDUSTRY

Balto. City

13. FATHER'S NAME

John W. Schultheis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Mar. 12, 1879

9. AGE (In years last birthday)

72

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Co., Md.

12. CITIZEN OF  
WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

Margaret E. Hoffman

17. INFORMANT

ADDRESS

Dr. Carl H. Schultheis-1548 Stonewood Road

18. 420.1

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

Myocardial Infarction  
(Coronary Thrombosis)

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

7 days

Indefinite

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1948, 19 to 5 Oct, 1951, that I last saw the deceased alive on 5 Oct, 1951, and that death occurred at 8:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

2020 N. Charles St.

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

10/8/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

RECEIVED BY SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell &amp; Sons, Inc.-1900 Eutaw Place

7 vs 151

M B Mitchell

94a

390838500



F-420

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8598

BIRTH NO. 51 8598

1. NAME OF DECEASED  
(Type or Print)

Rev. George F. Flick

2. DATE  
OF  
DEATH Oct. 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

1301 Park Ave.

C. Length of stay in Baltimore

1 Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 1877

9. AGE (In years  
last birthday)

74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

clergyman

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF  
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Md.

John G. Rouse - 37 W. Lenox St., Chevy Chase

18. 332X1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A) Cerebral Thrombosis  
DUE TO Cerebral arteriosclerosis(B) Hypertension  
DUE TO Generalized arteriosclerosisINTERVAL BETWEEN  
ONSET AND DEATH

3 weeks.

years

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from September 1949 to October 1951, that I last saw the  
deceased alive on 4 Oct. 1951, and that death occurred at 10:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

1207 Eutaw Place

23C. DATE SIGNED

10 - 6 - 51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

10 - 8 - 51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell &amp; Sons, Inc. - 1900 Eutaw Place

OCT 7 1951

VS 150

5 0098W 8507

8313

WILLIAM

WILLIAM

WILLIAM

WILLIAM

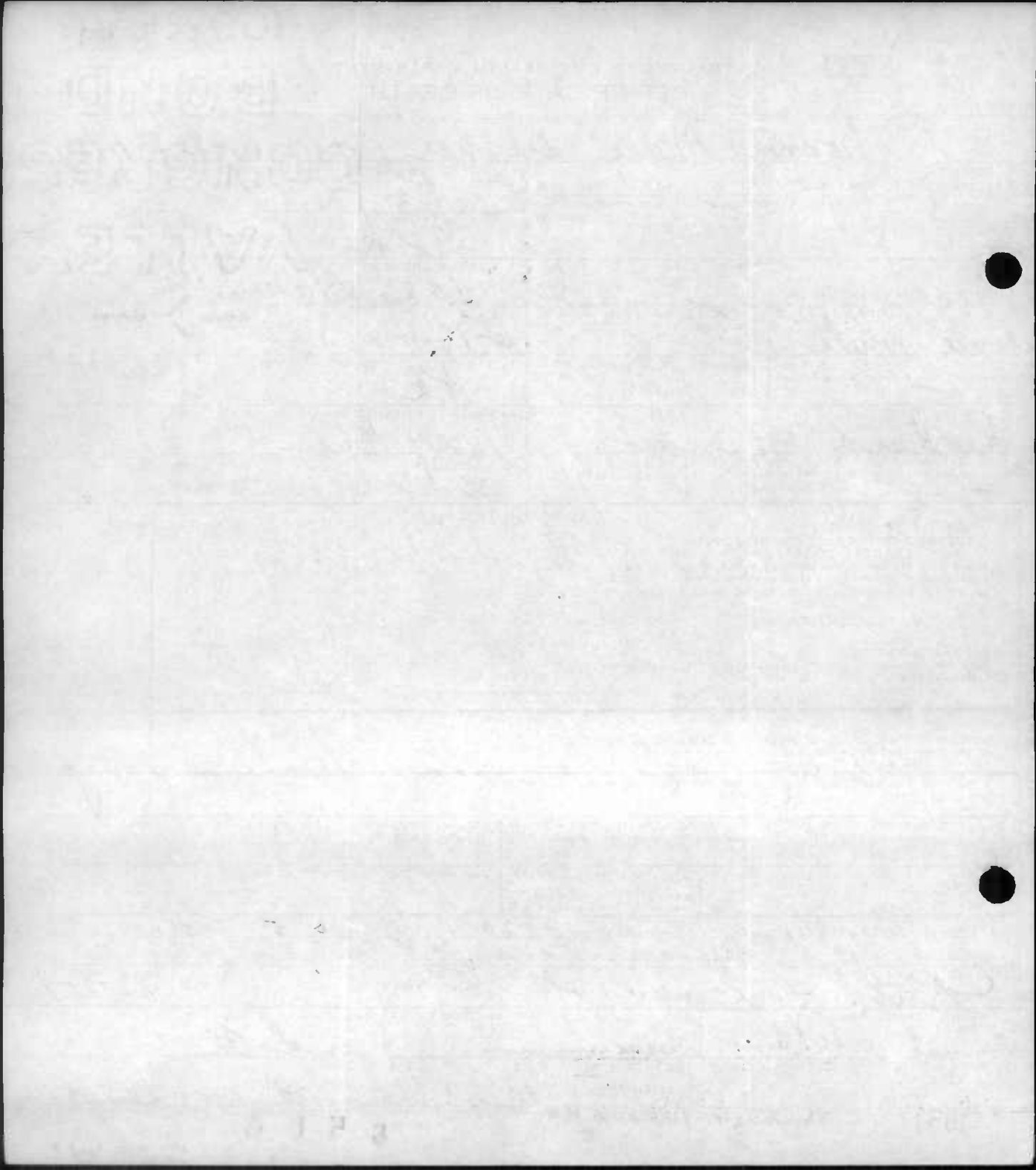
WILLIAM

WILLIAM

WILLIAM

WILLIAM

B-260 51 8599		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		X 51 8599 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Donna Marie Becker		Oct. 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		B. COUNTY	
J. HOSPITAL OR INSTITUTION		Pa.		V-35	
6. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location)	
HOSPITAL OR INSTITUTION		York		1586 Salem Ave	
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Female		White			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
				6-17-46	
				9. AGE (In years last birthday)	
				4	
				11. BIRTHPLACE (State or foreign country)	
				Pa.	
				12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Richard Becker		Mary Feiser			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				JOHNS HOPKINS HOSPITAL	
18. 592X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Chronic Nephritis			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)			
		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
INJURY		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 5/20, 1951, to 10/5, 1951, that I last saw the deceased alive on 10/5, 1951, and that death occurred at 1:30 p. m., from the causes and on the date stated above.		23A. SIGNATURE		23B. ADDRESS	
		Ruth F. Bowers		JOHNS HOPKINS HOSPITAL	
		M. D.		23C. DATE SIGNED	
				10-5-57	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Removal		10/8/51		Greenmount	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24D. LOCATION (City, town, or county) (State)	
		Paul C. Schenck		York Pa	
		25. FUNERAL DIRECTOR ADDRESS			
		Paul C. Schenck		345-17 Chestnut Ave	
17 VS 1951		10-5-57		121B	





S-400  
51 8600BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8600  
Registered No.

BIRTH NO.

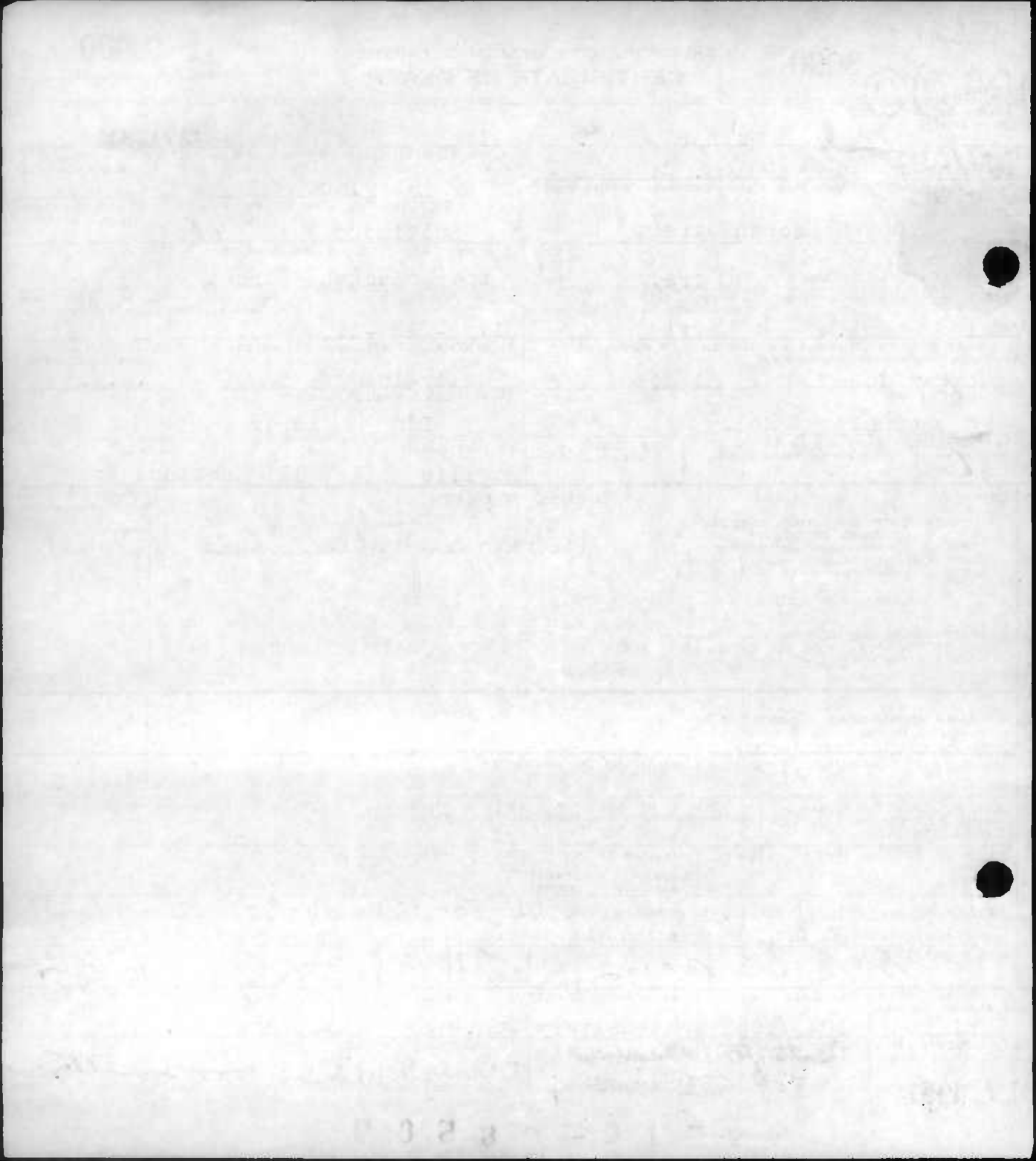
1. NAME OF DECEASED (Type or Print) <u>Esther K. Gallee</u>			2. DATE OF DEATH <u>10/3/1951</u>		
3. PLACE OF DEATH A. <u>Baltimore City, Maryland Balto. Cty</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>14-02</u>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>554 McMechen Street</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
6. LENGTH OF STAY IN BALTIMORE <u>40 Yrs.</u>			D. STREET ADDRESS (If rural, give location) <u>554 McMechen Street</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July - 18 - 1902</u>	9. AGE (In years last birthday) <u>49</u>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Samuel Kelly</u>			14. MOTHER'S MAIDEN NAME <u>Ida Lewis</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Rosalie Kelly 2111 Westwood Ave</u>			ADDRESS		

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Pulmonary tuberculosis</u> DUE TO INTERVAL BETWEEN ONSET AND DEATH <u>2 mos.</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <u>10-3-1951</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10-3-1951</u> to <u>10-3-1951</u> , that I last saw the deceased alive on <u>10-3-1951</u> , and that death occurred at <u>m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS <u>600 W. Arlington Ave.</u>		23C. DATE SIGNED <u>10-5-51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>10/6/1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cem.</u>	
24D. LOCATION (City, town, or county) <u>Brooklyn Md.</u>		24E. FUNERAL DIRECTOR <u>Chas. D. Wilson 1000 Brantley Ave</u>		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <u>7-1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR <u>Chas. D. Wilson 1000 Brantley Ave</u>	

19510008589

1313



M-420

51 8601

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8601  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

QUEENIE MILES

2. DATE  
OF  
DEATH

Oct 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HAL-4

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

5-01

D. STREET ADDRESS (If rural, give location)

423 N. SPRING ST.

C. Length of stay in Baltimore

10 yrs.

5. SEX

FEMALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

4-16-01

9. AGE (In years  
last birthday)

50

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Nuclear operator Seafood

10B. KIND OF BUSINESS OR  
INDUSTRY

Seafood

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Rob. Dean

14. MOTHER'S MAIDEN NAME

Ella Edwards

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebral vascular accident

2 days

DUE TO

ANTECEDENT CAUSES

(B)

Hypertension

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 9-26-1951, to 10-3-1951, that I last saw the  
deceased alive on 10-3-1951, and that death occurred at 2:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Kenneth M. Bruner

JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10-7-51

oakland Cem.

oakland Va

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 7 1951

Christington Williams, M.D.

Elroy O. Wilson 1000 Beauty

VS 150

1951 06906A 8590

83a abe

RECORD

FOR

VALLEY

H-452

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8602

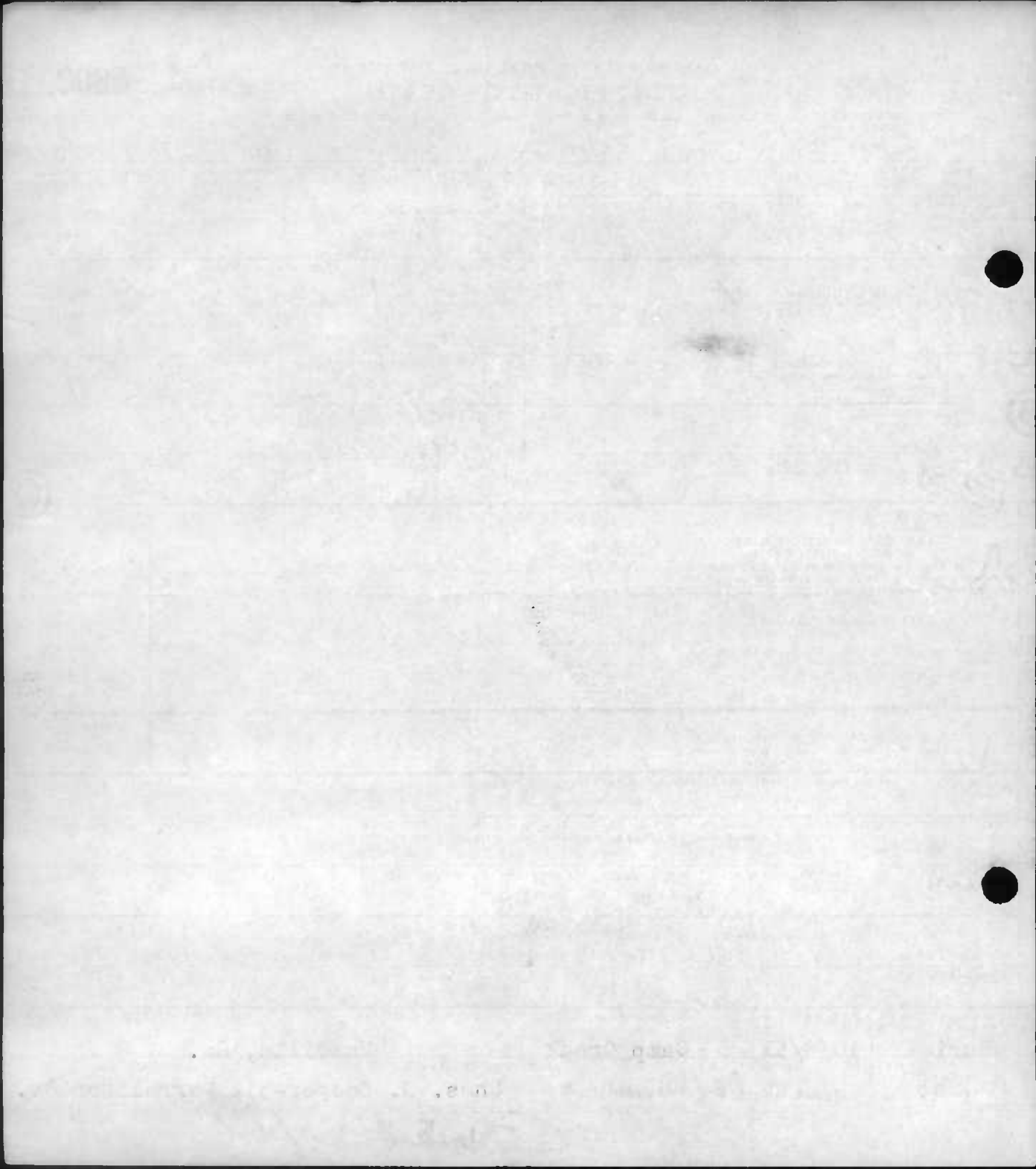
BIRTH NO. 51 8602

1. NAME OF DECEASED (Type or Print) <i>Mattie Lee Holmes</i>		2. DATE OF DEATH <i>Oct 3, 1951</i>	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>25-32</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>204 Bridgeway Rd.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>4</i>		D. STREET ADDRESS (If rural, give location) <i>204 Bridgeway Road</i>	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>1885</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>66</i>
13. FATHER'S NAME <i>Cater Reese</i>		11. BIRTHPLACE (State or foreign country) <i>Macon Ga.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Pucella</i>	
17. INFORMANT <i>Mattie Harrison</i>		ADDRESS <i>204 Bridgeway</i>	

18. <i>490X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Lobar pneumonia</i> DUE TO (B) <i>Aneurysm of Pelvis</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Aug 1</i> , 19 <i>51</i> to <i>Oct 3</i> , 19 <i>51</i> that I last saw the deceased alive on <i>Oct 3</i> , 19 <i>51</i> , and that death occurred at <i>9:30</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Kenneth B. Lightston</i>		23B. ADDRESS <i>501 Cherry Hill Rd</i>		23C. DATE SIGNED <i>10-3-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/8/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Camp Creek</i>	
24D. LOCATION (City, town, or county) (State) <i>Unadilla, Ga.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Chas. G. Cooper-512 Carrollton Av.</i>			

19510 *Chas. G. Cooper* 139a



51 8603  
W-430BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8603  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Frances Ann Willett</b>		2. DATE OF DEATH <b>October 4, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>			
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>4303 Kathland Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
6. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>4303 Kathland Ave.</b>			
7. SEX <b>Female</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>Feb. 15, 1864</b>	11. AGE (in years; last birthday) <b>87 yrs</b>	12. If Under 1 Year: Months: Days; If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <b>Thomas Kane</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT <b>Mr. Wm. W. Willett, Jr., 4303 Kathland Ave.</b>			
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Occlusion</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Removal of Arteriosclerosis</b> DUE TO <b>Hypertension Cardio Vase</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Diabetes</b>					
19A. DATE OF OPERATION <b>10-4-51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-4-51</b> to <b>10-4-51</b> , that I last saw the deceased alive on <b>10-4-51</b> , and that death occurred at <b>2 P. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Dr. Thor &amp; Abbott</b>		23B. ADDRESS <b>4509 Liberty Heights Ave.</b>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 8, 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Cedar Hill Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Brooklyn, Md.</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>7-1951</b>		24F. REGISTRAR'S SIGNATURE <b>W. Williams, M.D.</b>	
24G. FUNERAL DIRECTOR <b>E. Melio Lomorean</b>		24H. ADDRESS <b>4510 Liberty Heights Ave.</b>		24I. DATE RECEIVED BY LOCAL REGISTRAR <b>7-1951</b>	

MEDICAL CERTIFICATION



1083

1083

CERTIFICATE OF DEATH

State of New York

1884

1884

1884

County of Albany

City of Albany

Deceased

Age

1884

1884

1884

B-452  
51 8604BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8604  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Blanche Blinken

2. DATE  
OF  
DEATH

October 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3423 Reisterstown Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3423 Reisterstown Road

c. Length of stay in Baltimore

45 Yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

House Wife

own home

13. FATHER'S NAME

Joseph Dekofsky

8. DATE OF BIRTH

March 25, 1882

9. AGE (In years last birthday)

69

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Russie

12. CITIZEN OF  
WHICH COUNTRY?

USA.

14. MOTHER'S MAIDEN NAME

Mary Ida ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Sylvia Salzman 3423 Reisterstown Road

18. 443X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

none

INTERVAL BETWEEN  
ONSET AND DEATH

1 day

3 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

M.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 23, 1951, to Oct 5, 1951, that I last saw the deceased alive on Oct 5, 1951, and that death occurred at 11 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

October 7, 1951

24C. NAME OF CEMETERY OR CREMATORY

BOBRIOSKER VEREIN

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 7 1951  
VS 150

Sol Lewin + Bns North ave

510208593

922



R-255  
51 8605

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8605  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>CELIA ROSEMAN</b>		2. DATE OF DEATH <b>OCT 6, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>SINAI HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 15-13</b>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>4339 REISTERSTOWN RD</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH	9. AGE (In years last birthday) <b>68</b>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Russia</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Ruben</b>		14. MOTHER'S MAIDEN NAME <b>Sarah</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Robert S. Roseman - 4339 Reister Rd. Rd.</b>			
18. <b>450.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>PERIPHERAL VASCULAR COLLAPSE</b> CAUSE OF DEATH (A) <b>PNEUMONIA</b> DUE TO (B) <b>VASCULAR INSUFFICIENCY</b> DUE TO (C) <b>GENERALIZED ARTERIO-SCLEROSIS</b>		INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>GANGRENE OF RT. LEG</b>					
19A. DATE OF OPERATION <b>9/27/51</b>		19B. MAJOR FINDINGS OF OPERATION <b>GANGRENE RIGHT FOOT</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9/21</b> , 19 <b>51</b> , to <b>10/6</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10/6</b> , 19 <b>51</b> , and that death occurred at <b>1 P</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Erwin Withen</b>		23B. ADDRESS <b>Sinai Hospital</b>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/7/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Herring Run</b>	
24D. LOCATION (City, town, or county) (State) <b>Balt Md</b>		24E. FUNERAL DIRECTOR <b>Jack Lewis Inc - 2100 Eutaw Pl</b>		24F. ADDRESS	

19510008594

97



T-512 8606

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8606  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLES R. THOMPSON

2. DATE  
OF  
DEATH October 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

6/2/1895

9. AGE (In years  
last birthday)

56

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Maintenance Man

10B. KIND OF BUSINESS OR  
INDUSTRY

Chev. Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Alexander

14. MOTHER'S MAIDEN NAME

Carrie Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. E910.3

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Retroperitoneal hemorrhage

~~XXXXX~~

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Massive fracture of pelvis

~~XXXXX~~

(C) Purulent peritonitis

!!  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)  
Industrial place21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

Chevrolet Body Paint Company

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

October 4, 1951 1:00 P. m.

21E. INJURY OCCURRED

WHILE AT ☒ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Part of a body of a  
panel truck fell on deceased22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

October 6, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

B

24B. DATE

10/9/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY  
REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N-808.2

130 East Port Avenue

195E

MEDICAL CERTIFICATION

CERTIFICATE OF THE

State of New York, County of ...

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BIRTH NO. 51 8607

1. NAME OF DECEASED (Type or Print) <b>George Peacock</b>		2. DATE OF DEATH <b>October 4, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>md.</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 7-04</b>	
c. Length of stay in Baltimore <b>30 yrs.</b>		D. STREET ADDRESS (If rural, give location) <b>1919 E. Chase St.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>1-5-02</b>
9. AGE (In years last birthday) <b>49</b>	10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.	12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>J.S. Young</b>	
13. FATHER'S NAME <b>John Peacock</b>		14. MOTHER'S MAIDEN NAME <b>Lizzie Mason</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMATION ON HOPKINS HOSPITAL ADDRESS			

18.	002X - I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	<p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</p> <p>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p>	<p>(A) Intracerebral hematoma</p> <p>DUE TO</p>	6 days
	<p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>	<p>(B) Tuberculosis, lung</p> <p>DUE TO</p>	3 mos
	<p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) (Minute) INJURY m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 9-26, 1951, to 10-4, 1951, that I last saw the deceased alive on 10-4, 1951, and that death occurred at 3:20 P.m., from the causes and on the date stated above.

23A. SIGNATURE <i>John Collins Harvey</i> M. D.	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct 7/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Park</i>	24D. LOCATION (City, town, or county) (State) <i>Arbutus Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 7 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. H. Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Mrs. Portt G. Elliott &amp; Daughter</i>	ADDRESS

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THE UNIVERSITY OF CHICAGO

LIBRARY

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University of Chicago

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1902

51 8608

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8608

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Norman P. Huster

2. DATE  
OF  
DEATH

Oct 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

11-01

D. STREET ADDRESS (If rural, give location)

612 N. CALVERT ST.

Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

March 17, 1895

9. AGE (In years  
last birthday)

56

If Under 1 Year

Months; Days

If Under 24 Hours

Hours; Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Agent

10B. KIND OF BUSINESS OR  
INDUSTRY

S. P. C. A.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James J. Huster.

14. MOTHER'S MAIDEN NAME

Mary E. McCurley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

No

(If yes, give war or dates of service)

NONE

16. SOCIAL  
SECURITY NO.

219-03-6301

17. INFORMANT

ADDRESS

Sadie Huster 612 N. CALVERT ST.

18. E-981X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Gunshot wound of Chest

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) With Massive Hemothorax

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

1200 block E. Lexington Street

21D. TIME (Month) (Day) (Year) (Hour)

10/6/51

9:00

P.m.

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☒  
AT WORK

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

William V. Schab

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

OCT 2 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

10-10-51

24C. NAME OF CEMETERY OR CREMATORY

MAGOTHY CEMETERY

24D. LOCATION (City, town, or county) (State)

Anne Arundel County Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. L. Schwab 2101 Frederick Ave

OCT 8 1951

VS 151

N-8624 E 260 8527

166

✓

MEDICAL CERTIFICATION

*[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]*



600.  
51 8609BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8609

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lucy LUCINDA MOORE

2. DATE  
OF  
DEATH

Oct. 7 - 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Memorial Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widow

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

13. FATHER'S NAME

Lewis Henry Shipley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)Yes ☐ No ☒

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

none

8. DATE OF BIRTH

7/3/1874

9. AGE (in years  
last birthday)

77

11. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF  
WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

Anna Jane Poole

17. INFORMANT

Curtis Horne Westmonster, Md.

ADDRESS

18. 584X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) cholecystitis, cholelithiasis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cardiovascular Disease

19A. DATE OF OPERATION

10-4-57

19B. MAJOR FINDINGS OF OPERATION

cholecystitis + cholelithiasis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-29, 1957, to 10-7, 1957, that I last saw the  
deceased alive on 10-7, 1957, and that death occurred at 6:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Claude E. Parish

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

10/7/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/11/51

24C. NAME OF CEMETERY OR CREMATORY

Linganore Cem. Unionville, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 8 1951

REGISTRAR'S SIGNATURE

Huntington, W. Va.

25. FUNERAL DIRECTOR

1010 Hartzler &amp; Sons

ADDRESS

126 Union Bridge &amp; New Windsor, Md.

MEDICAL CERTIFICATION

100

RECEIVED

100

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51 8610

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8610

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>EMMA Augusta CAROLINE ROSE</b>			2. DATE OF DEATH <b>Oct 5, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>140 SIEGWERT LANE</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 20-07</b>		
C. Length of stay in Baltimore <b>4 YRS</b>			D. STREET ADDRESS (If rural, give location) <b>140 SIEGWERT LANE</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	8. DATE OF BIRTH <b>Sept. 22, 1869</b>	9. AGE (In years last birthday) <b>82</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>
11. BIRTHPLACE (State or foreign country) <b>GERMANY</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Unknown</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		
17. INFORMANT <b>EMMA STEIN LEIN</b>			ADDRESS <b>140 SIEGWERT LANE</b>		

18. <b>443X and 153X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ANTECEDENT CAUSES</b>		CAUSE OF DEATH (A) <b>Cerebral thrombosis</b> DUE TO (B) <b>Hypertension and arteriosclerotic cardiovascular disease</b> DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION <b>Abdominal mass; possible carcinoma of rectum</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1 July, 1947**, to **5 Oct, 1951**, that I last saw the deceased alive on **5 Oct, 1951**, and that death occurred at **6:45 PM.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Emil H. Hemming Jr.</b>		23B. ADDRESS <b>601 Winans Way</b>		23C. DATE SIGNED <b>6 Oct 51</b>	
--	--	---------------------------------------	--	-------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>		24B. DATE <b>10-9-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>LONDON PARK BALTIMORE, MARYLAND.</b>	
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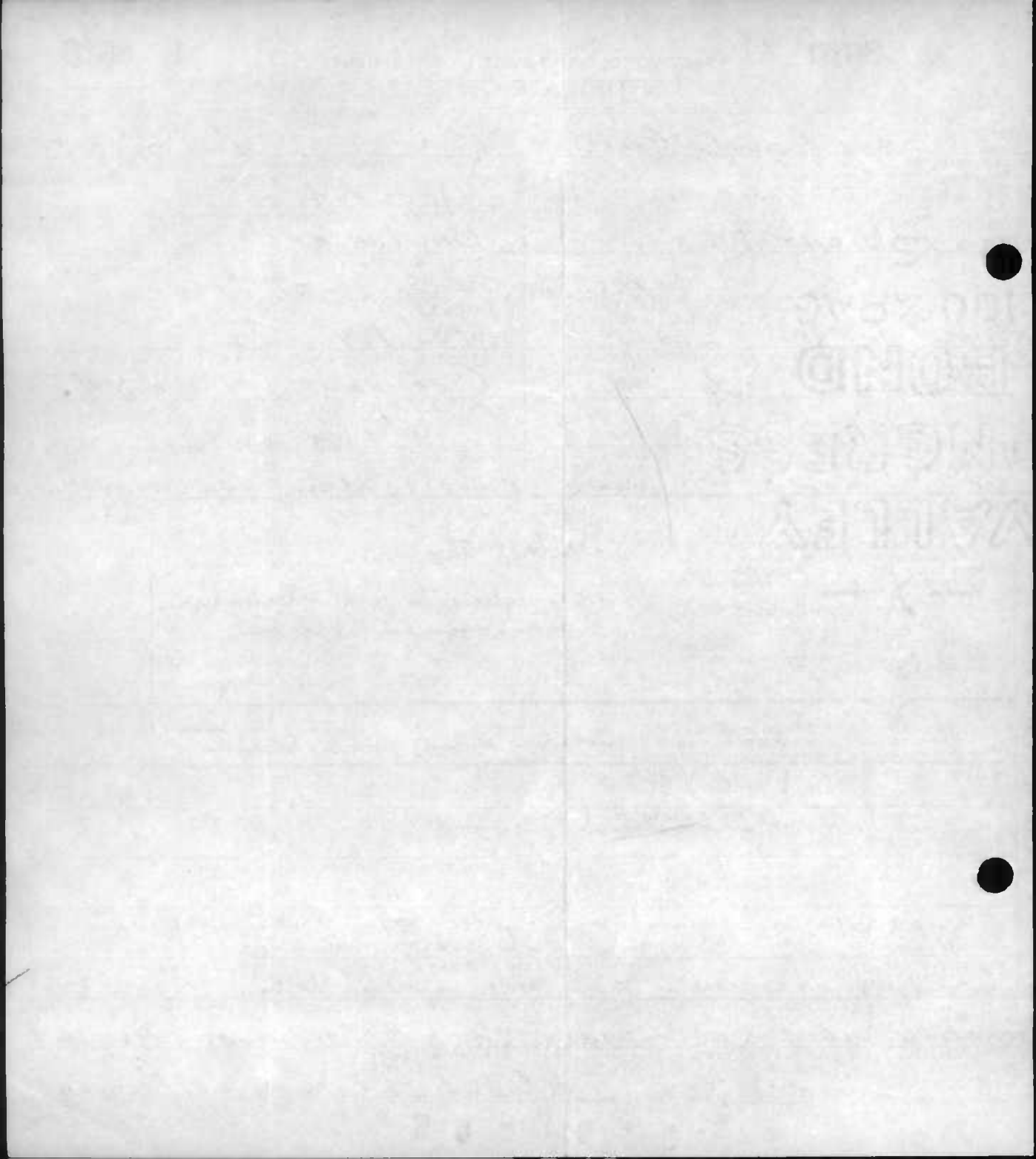
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 8 1951</b>		REGISTRAR'S SIGNATURE <b>George L. Schwab</b>		25. FUNERAL DIRECTOR ADDRESS <b>2101 Frederick Ave.</b>	
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32  
51 8611BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8611  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

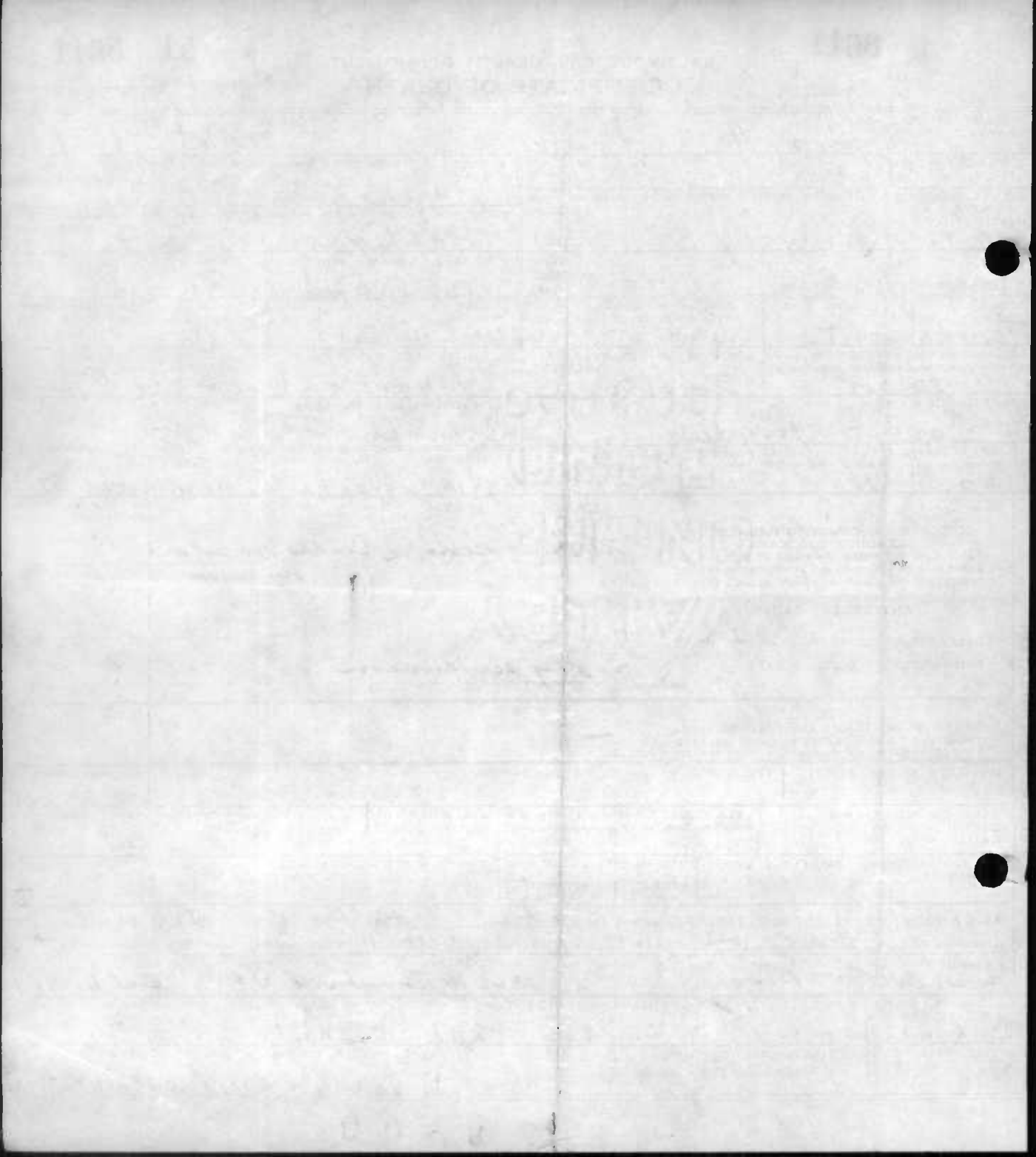
1. NAME OF DECEASED (Type or Print) <i>Lydia Ann Montz</i>			2. DATE OF DEATH <i>Oct. 5, 1951</i>		
3. PLACE OF DEATH A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1113 Ridgely St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>BALTIMORE 21-01</i>		
C. Length of stay in Baltimore <i>LIFE</i>			D. STREET ADDRESS (If rural, give location) <i>1113 Ridgely St.</i>		
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOW</i>	8. DATE OF BIRTH <i>MARCH 16, 1865</i>	9. AGE (In years last birthday) <i>86</i>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>			11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>DOMESTIC</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		
13. FATHER'S NAME <i>Joseph Higdon</i>			14. MOTHER'S MAIDEN NAME <i>ISABELLE BURGESS</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>NO</i>			16. SOCIAL SECURITY NO. <i>NONE</i>		
17. INFORMANT <i>Lydia Copper Thite</i>			ADDRESS <i>1113 Ridgely St.</i>		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Arterio sclerotic Cardiovascular Disease</i>		CAUSE OF DEATH (A) <i>Arterio sclerotic Cardiovascular Disease</i> DUE TO _____ (B) _____ DUE TO _____ (C) <i>Hypertension</i>	INTERVAL BETWEEN ONSET AND DEATH <i>?</i> <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>—</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>—</i>			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Feb 2*, 19*46*, to *Oct 5*, 19*51*, that I last saw the deceased alive on *Oct 5*, 19*46*, and that death occurred at *13:36 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Carl Proething</i>		23B. ADDRESS M. D. <i>1326 W. Lombard St.</i>		23C. DATE SIGNED <i>Oct 6, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>10-8-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>	24D. LOCATION (City, town, or county) (State) <i>BALTO., Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 8 1951</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Geo. L. Schwab</i>		ADDRESS <i>2101 Frederick Ave.</i>	



50  
51 8612BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8612  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Mary E. Shields Duffin</b>			2. DATE OF DEATH <b>October 5, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>14-02</b>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1521 Druid Hill Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>1521 Druid Hill Ave.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 1, 1871</b>	9. AGE (In years last birthday) <b>80</b>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		
13. FATHER'S NAME <b>Sheppard Shields</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Mr. Sheppard Shields 311 N. Gilmore</b>			ADDRESS		

18. **171X** I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
CAUSE OF DEATH  
(A) **Carcinoma of Cervix uteri**  
DUE TO

INTERVAL BETWEEN ONSET AND DEATH  
**70 months**

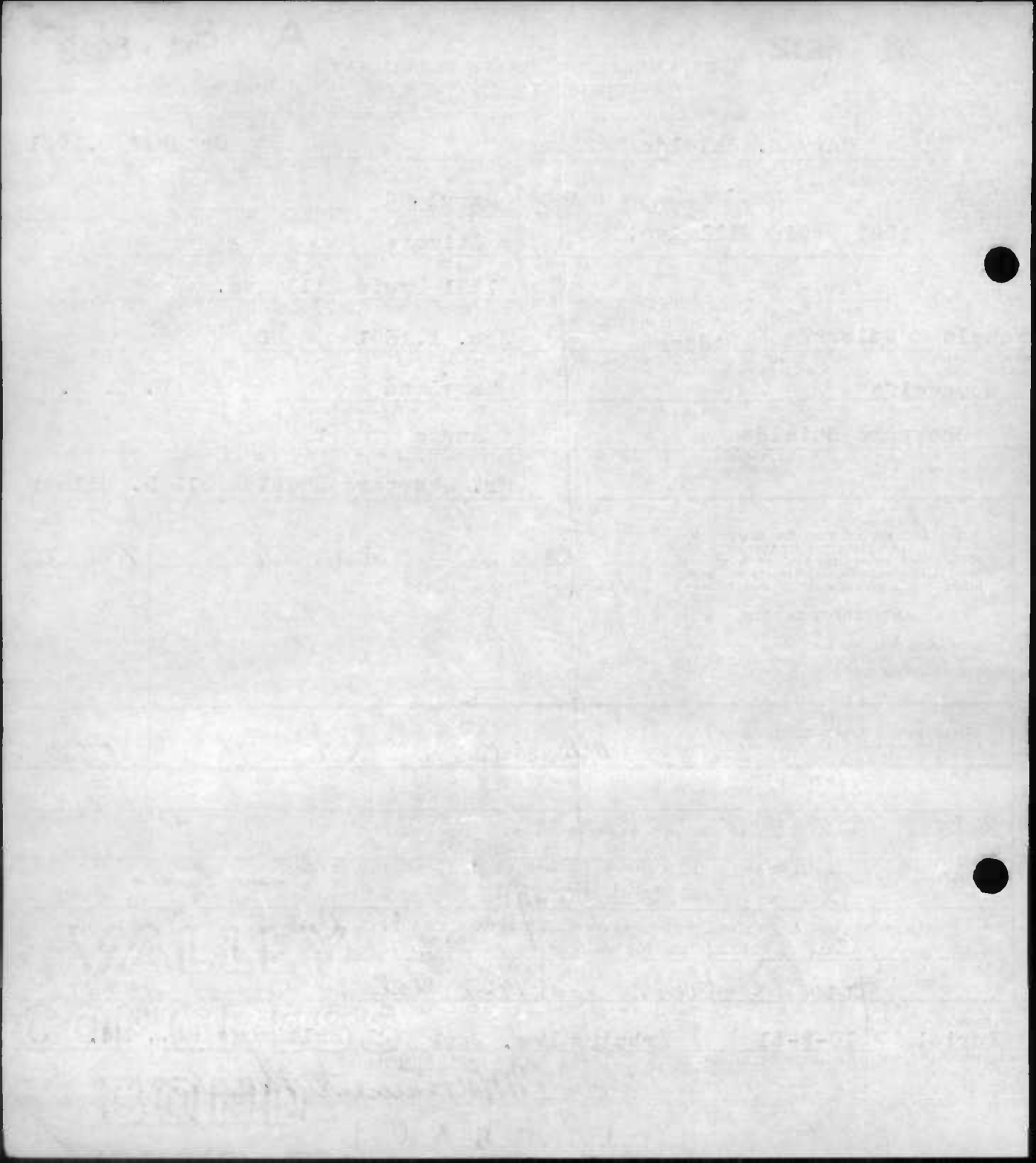
## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_  
DUE TO  
(C) \_\_\_\_\_II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**arteriosclerosis, generalized**  
**10 yrs**

19A. DATE OF OPERATION, 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐  
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)TIME (Month) (Day) (Year) (Hour)  
INJURY  
21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE AT WORK ☐  
21F. HOW DID INJURY OCCUR?22. I hereby certify that I attended the deceased from **June 1946** to **Oct 5, 1951**, that I last saw the deceased alive on **Oct 5, 1951**, and that death occurred at **10 P.M.**, from the causes and on the date stated above.23A. SIGNATURE **James D. Carr** M. D. **1427 Madison Ave** 23B. ADDRESS  
23C. DATE SIGNED **10-6-51**24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **10-9-51** 24C. NAME OF CEMETERY OR CREMATORY **Arbutus Mem. Park** 24D. LOCATION (City, town, or county) (State) **Baltimore Co., Md.**DATE RECEIVED BY LOCAL REGISTRAR **OCT 8 1951** REGISTRAR'S SIGNATURE **Wm. H. Williams, M.D.** 25. FUNERAL DIRECTOR **Mrs. Francis A. Hensley** ADDRESS **113 W. Biddle St.**



20  
51 8613BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8613

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANCIS J. DAVIS		2. DATE OF DEATH October 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-03	
D. STREET ADDRESS (If rural, give location) 739 W. Franklin Street		5. SEX Male	
6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Dec. 1, 1891		9. AGE (In years last birthday) 59	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Charles T. Davis		14. MOTHER'S MAIDEN NAME Ellen Tydings	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 218-09-6722	
17. INFORMANT Mrs. Geraldine Barrett		ADDRESS 1230W. Lanvale St	

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Arteriosclerotic cardiovascular disease		(A) DUE TO			
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. L. [Signature]		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED October 6, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-10-51		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR Mrs. Frances A. Hensley		ADDRESS 578W Middle St	
DATE RECEIVED BY LOCAL REGISTRAR OCT 8 1951		REGISTRAR'S SIGNATURE		ADDRESS	

VS 151

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CENTRAL BANK OF INDIA

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51 8614

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8614

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		JESSE JAMES		2. DATE OF DEATH October 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-02			
D. Length of stay in Baltimore Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) 905 Low Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 11-6-1921	9. AGE (In years last birthday) 29	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BALTO; MD	
13. FATHER'S NAME ROBERT JAMES		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS MAGGIE JAMES 905 LOW ST.	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E981X Gunshot wound of chest with hemothorax		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

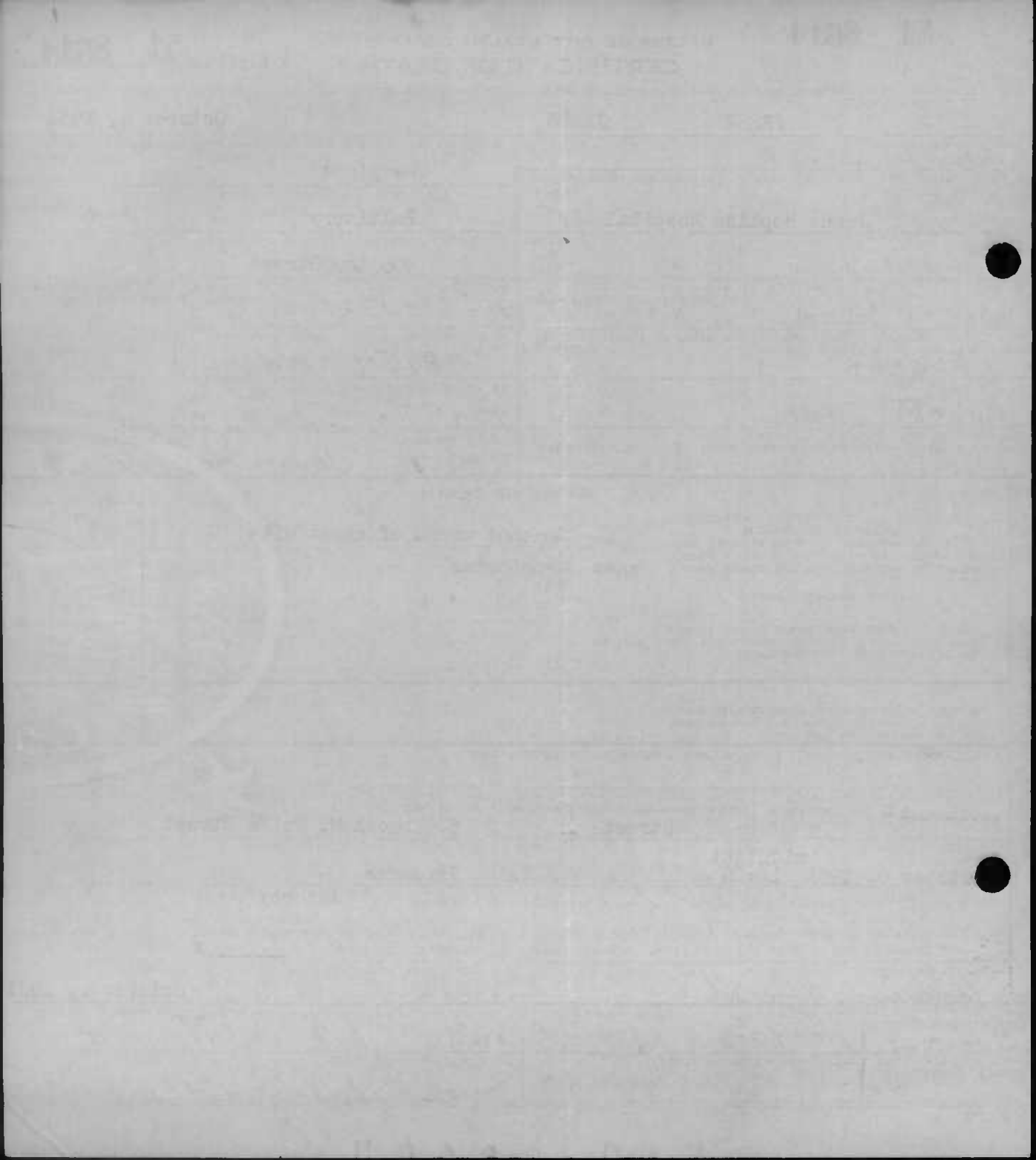
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street 500 block N. Wolfe Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 500 block N. Wolfe Street	
21D. TIME (Month) (Day) (Year) (Hour) INJURY October 6, 1951 midnight 12:00 m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Firearms	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William [Signature]		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/> 23C. DATE SIGNED October 6, 1951			

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 10-10-51		24C. NAME OF CEMETERY OR CREMATORY MT. CALVARY		24D. LOCATION (City, town, or county) (State) A. A. COUNTY, MD	
DATE RECEIVED BY LOCAL REGISTRAR 10-10-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR Joseph E. Locks Jr. 1304 N. Central Ave			

VS 151

N-862.4. 97099

166



536  
51 8615BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8615  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mildred T. Winter

2. DATE

OF  
DEATH Oct 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3405 Keswick Road.

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-06

D. STREET ADDRESS (If rural, give location)

3405 Keswick Road.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Female

White

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife, Assorter Glen Haven CO

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
Yes, no or unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

216 05 4487

17. INFORMANT

ADDRESS

David Winter 3405 Keswick Road.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH.  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ...

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

Hypertension

(C) ...

INTERVAL BETWEEN  
ONSET AND DEATH

12 hrs.

Unknown

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-26, 1949 to 10-5, 1951, that I last saw the deceased alive on 10-5, 1951, and that death occurred at 5:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

846 W. 36th St.

10-6-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Oct 8/51

Lorraine Park

Windsor Mill Rd. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 8 1951

Lorraine Williams, M.D.

Austin E. Donovan - 3818 Roland Ave

12-13-1910

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561

51 8616

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8616

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

KAMAROFF

Charles

2. DATE  
OF  
DEATH

Oct 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Sinai

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

50

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

65

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Isaac (R)

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 205X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Sept 25, 1951, to Oct 7, 1951, that I last saw the  
deceased alive on Oct 7, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

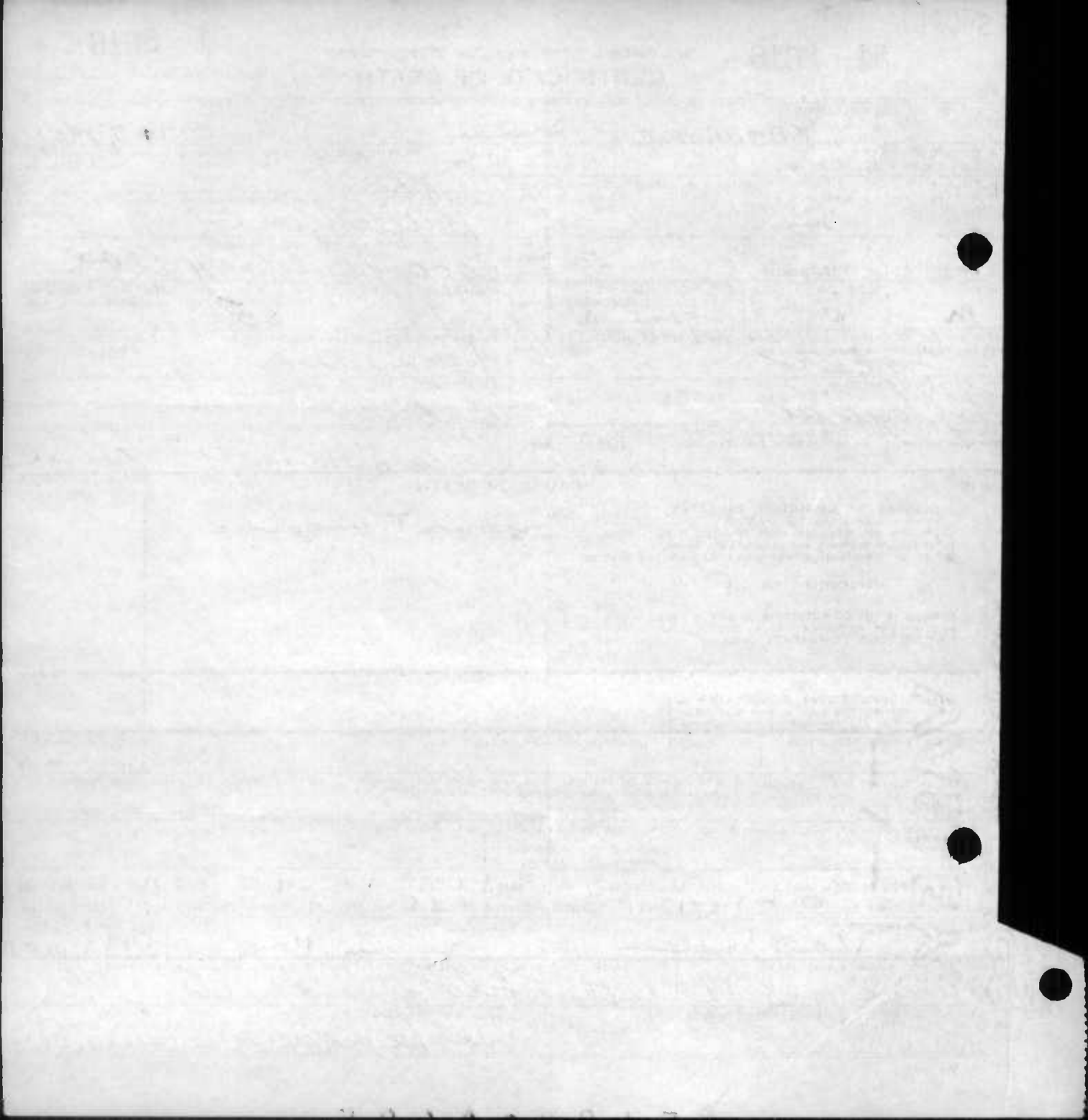
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PLEASE  
correct age



51 8617

CERTIFICATE OF DEATH  
BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

51 8617

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GLASSMAN ELIZABETH

2. DATE  
OF  
DEATH

Oct 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Sinai

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE ☒ MARRIED  
WIDOWED ☐ DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

60

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Not known

17. INFORMANT

ADDRESS

Gertrude Kermisch - Same

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinomatosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Gumay site undetermined

DUE TO

Cholangionia

(C)

(over)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1951, to Oct 7, 1951, that I last saw the deceased alive on Oct 6, 1951, and that death occurred at 7A m., from the causes and on the date stated above.

23A. SIGNATURE

Robert Chandra

M. O.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

Oct 7, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 8 1951

Huntington Williams, M.D.

Jack Lewis, Jr. 2100 Eutaw Rd



See Document File 51-8617

10/26/51

ES

325  
51 8618BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 8618

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LEOPOLD KATZENSTEIN

2. DATE  
OF  
DEATH

10/7/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3914 STRATHMORE AVE. #15

C. Length of stay in Baltimore

17

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

76

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR  
INDUSTRY

Cattle Dealer

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Meyer

14. MOTHER'S MAIDEN NAME

Blues

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Jennie Katzenstein

18. 443X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Cerebro Vascular Accident

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Arteriosclerosis  
Cardio Vascular Disease

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/3, 1951, to 10/7, 1951, that I last saw the  
deceased alive on 10/7, 1951, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Leon D. Dancy, M. D.

Sinai Hospital

10/7/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 8 1951

William Williams, M.D.

Jack Lewis, Inc.

2100 Canton Rd

1000

1000

1000

1000

1000

1000

AB-148537 6241		51 8619		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 8619 Registered No.	
1. NAME OF DECEASED (Type or Print) <b>Albert R. Markel</b>				2. DATE OF DEATH <b>10-5-1951</b>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>8-02</b>			
C. Length of stay in Baltimore <b>45yrs</b>				D. STREET ADDRESS (If rural, give location) <b>1925 N. Collington Ave. zone 13</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 25-1899</b>	9. AGE (In years last birthday) <b>52</b>	10. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Inspector</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>CHEMICAL CO</b>		11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>John Markel</b>				14. MOTHER'S MAIDEN NAME <b>Annie Dennigner</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Baltimore City Hospitals</b> <b>Records: 4940 Eastern Ave.</b>			
18. <b>581.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cirrhosis of the Liver</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH <b>Over 1yr.</b>			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>5-16</b> , 19 <b>51</b> , to <b>10-5</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-5</b> , 19 <b>51</b> , and that death occurred at <b>1.40 P.m.</b> , from the causes and on the date stated above.							
23A. SIGNATURE <b>J. S. Rogers</b> M. D.		23B. ADDRESS <b>4940 Eastern Ave., Baltimore, Md.</b>		23C. DATE SIGNED <b>10-5-1951</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct 8<sup>th</sup> 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Balto Cem</b>		24D. LOCATION (City, town, or county) (State) <b>E. North Ave Ext</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 8 1951</b>		REGISTRAR'S SIGNATURE <b>W. H. Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Leo S. Leach 1701-03 N. Patterson Park Ave</b>			

VS 150  
690 4R  
124B

1975-12

1975-12-15

1975-12-15

1975-12-15

1975-12-15

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1975-12-15

51 8620

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8620

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Florence J. Townsend

2. DATE  
OF  
DEATH

Oct 5, 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

6000 Bellona Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-12

D. STREET ADDRESS (If rural, give location)

6000 Bellona Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Nov. 1, 1876

9. AGE (In years  
last birthday)

74

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

(Unknown) Campbell

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs H. Stanley Jones, 202 E. Belvedere Ave.

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

## ANTECEDENT CAUSES

(B) DUE TO  
(C)

Arterio Sclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1950 to Oct 5, 1957, that I last saw the  
deceased alive on Oct 5, 1957, and that death occurred at 11:30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Cremation

10/8/57

Green Mount

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 8 1957

William Williams, M.D.

1217 S Paul St

Valley  
Concrete

FOUND

100 GRA

USA



51 8621

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8621  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JAMES

JOHNSON

2. DATE  
OF  
DEATH

October 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto., Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

23-01

D. STREET ADDRESS (If rural, give location)

63 W. West Street

C. Length of stay in Baltimore

15yrs.

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Sept. 1, 1913

9. AGE (in years

38

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

In general

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas Johnson

14. MOTHER'S MAIDEN NAME

Elizabeth Fisher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

World War 1

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Madie Fisher 176 W. Cross St.

18. E 982x 1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Stab wound of chest

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

House

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

176 W. Cross Street

21D. TIME (Month) (Day) (Year) (Hour) (P)  
INJURY

October 5, 1951 10:30m.

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☒  
AT WORK

21F. HOW DID INJURY OCCUR?

Sharp instrument

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
October 6, 195124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-9-51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Elroy C. Wilson 1700 Brantley Ave

VS 151

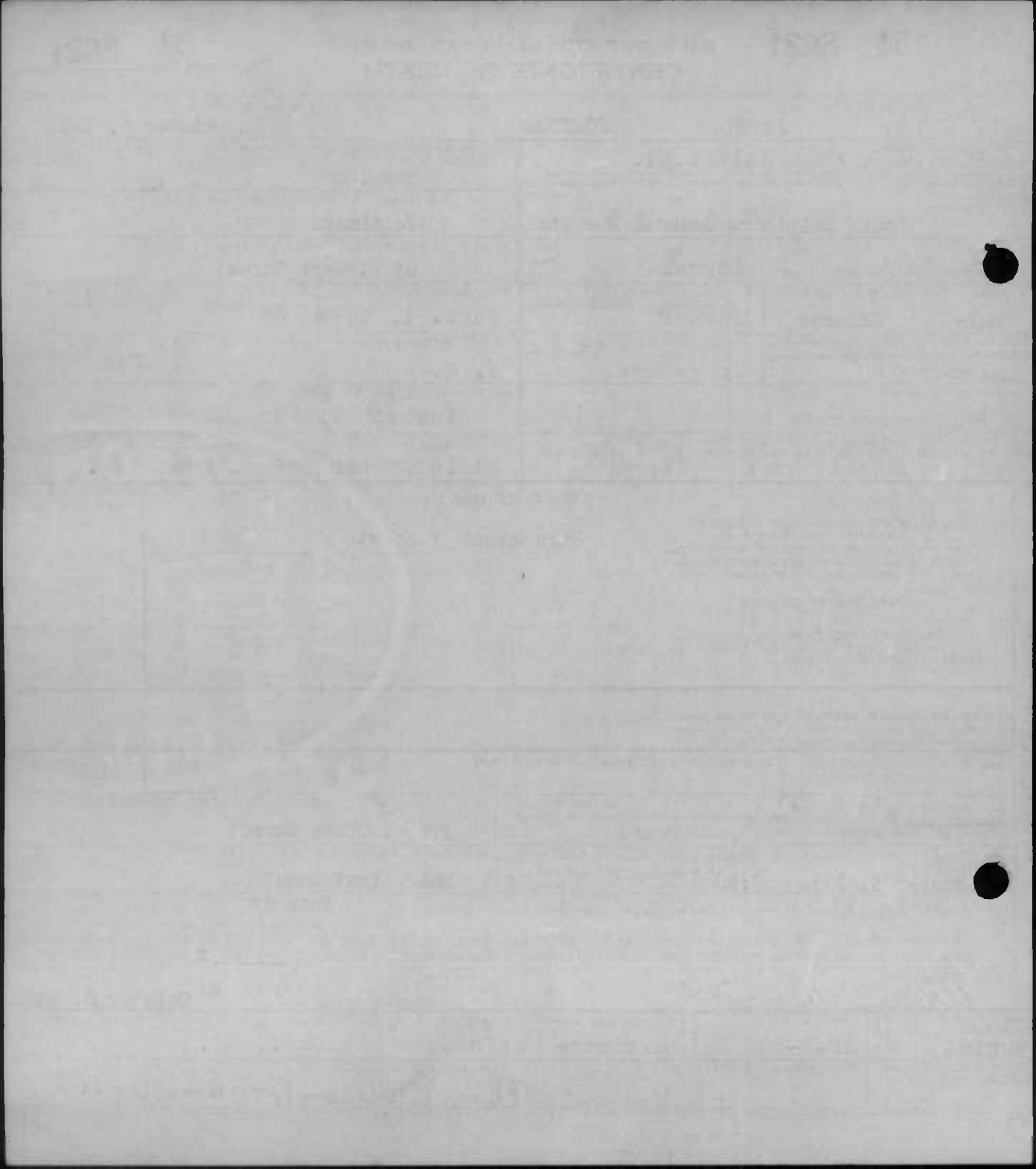
N-862.2

97099

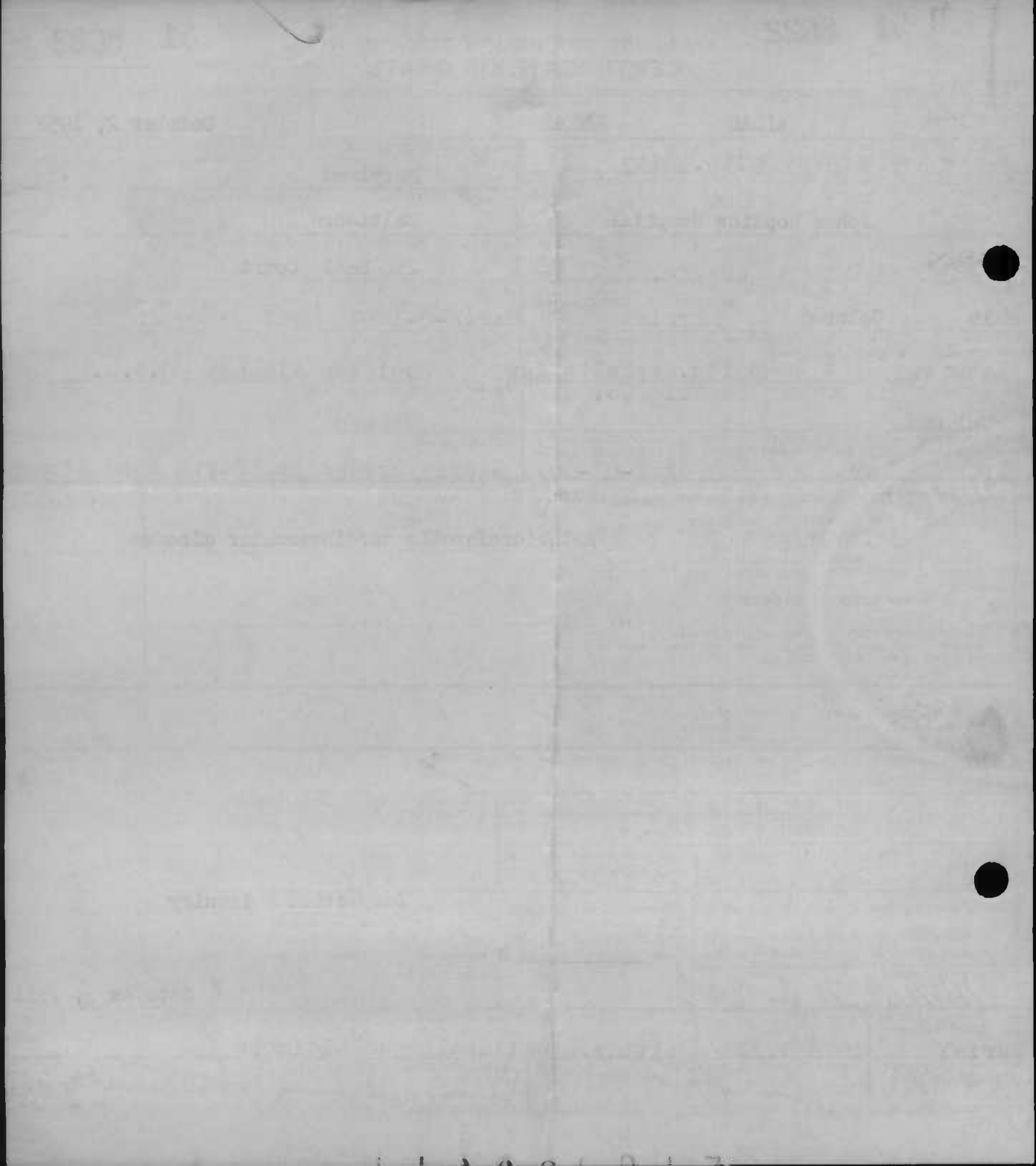
167

✓

MEDICAL CERTIFICATION



020 51 8622	BALTIMORE CITY HEALTH DEPARTMENT	51 8622
CERTIFICATE OF DEATH		Registered No.
BIRTH NO.		
1. NAME OF DECEASED (Type or Print) ALLAN BROOKS		2. DATE OF DEATH October 2, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY X
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-05
C. Length of stay in Baltimore 20 Yrs.		D. STREET ADDRESS (If rural, give location) 214 Beale Court
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March-8-1904		9. AGE (In years last birthday) 47
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Balto. Asphalt Block & Tile Co. (M)
11. BIRTHPLACE (State or foreign country) Anniston Alabama		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes Mar 42		16. SOCIAL SECURITY NO. 219-07-0899
17. INFORMANT Gloria Brooks		ADDRESS 532 North Bond Street
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK
21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .		
23A. SIGNATURE William D. [Signature]		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>
23C. DATE SIGNED October 3, 1951		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/8/1951
24C. NAME OF CEMETERY OR CREMATORY Baltimore National		24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR 10/8/1951		REGISTRAR'S SIGNATURE [Signature]
FUNERAL DIRECTOR Chas. O. Wilson		ADDRESS 1000 Bunting Ave
VS 151 92045 93D		



51 8623

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 8623

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)*William Horst*2. DATE  
OF  
DEATH*Oct 5/57*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *2902 E Pratt*B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

*2902 E Pratt*

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
Yes, no or (unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

*Mrs Lillian Horst 2902 Pratt*

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

**DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH**  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

**DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.**

(B) DUE TO

(C)

*Myocardial insufficiency*  
*Arteriosclerosis*

*2 days*

**II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct. 3, 1951* to *Oct. 5, 1951*, that I last saw the  
deceased alive on *Oct. 3, 1951* and that death occurred at *7:30 p.m.* from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 8 1951

*William Williams, M.D.**Willard Funeral Home**Chilman St*

VS 150

290PC

51B

1938

1938

UNITED STATES DEPARTMENT OF AGRICULTURE

WATER RESOURCES DIVISION

WASHINGTON, D. C.

OFFICE OF THE CHIEF ENGINEER

WASHINGTON, D. C.

WASHINGTON, D. C.

WASHINGTON, D. C.

WASHINGTON, D. C.

WASHINGTON, D. C.

WASHINGTON, D. C.

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WASHINGTON, D. C.

WASHINGTON, D. C.

WASHINGTON, D. C.

51 8624

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8624

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN M. BILEK (BILYK)

2. DATE  
OF  
DEATH

Oct. 5 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3916 Pennington Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3916 Pennington Ave

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 2 - 1902

9. AGE (In years last birthday)

49

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Crane Operator

10B. KIND OF BUSINESS OR INDUSTRY

Davison Chemical

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Michael Bilek

14. MOTHER'S MAIDEN NAME

Ludwika

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL SECURITY NO.

215-07-7948

17. INFORMANT

Anna Bilek 3916 Pennington Ave

ADDRESS

18. Hrrrl

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

Oct. 4 - 1951

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Thrombosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arterio-Sclerotic Cardio-Vascular Disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1947 to Oct 5, 1951, that I last saw the deceased alive on Oct 5, 1951, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Paul Lubin

23B. ADDRESS

320 Patuxent Ave

23C. DATE SIGNED

10/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 9 - 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

A.A. Co.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 8 1951

REGISTRAR'S SIGNATURE

Curtis W. Williams, Jr.

25. FUNERAL DIRECTOR

Wm. S. Fialkowski 2007 Eastern Ave

ADDRESS



1952

OFFICE OF THE  
COMMISSIONER OF THE  
REVENUE

11

IN REPLY TO LETTER OF THE  
COMMISSIONER OF THE REVENUE  
DATED 10/10/52

THE FOLLOWING INFORMATION IS  
FURNISHED FOR YOUR INFORMATION  
AND RECORD:

1. THE TOTAL AREA OF THE  
LANDS IN THE DISTRICT OF  
KATUNGA IS 1,200 SQUARE  
MILES.

2. THE TOTAL AREA OF THE  
LANDS IN THE DISTRICT OF  
KATUNGA IS 1,200 SQUARE  
MILES.

3. THE TOTAL AREA OF THE  
LANDS IN THE DISTRICT OF  
KATUNGA IS 1,200 SQUARE  
MILES.

4. THE TOTAL AREA OF THE  
LANDS IN THE DISTRICT OF  
KATUNGA IS 1,200 SQUARE  
MILES.

5. THE TOTAL AREA OF THE  
LANDS IN THE DISTRICT OF  
KATUNGA IS 1,200 SQUARE  
MILES.

6. THE TOTAL AREA OF THE  
LANDS IN THE DISTRICT OF  
KATUNGA IS 1,200 SQUARE  
MILES.

7. THE TOTAL AREA OF THE  
LANDS IN THE DISTRICT OF  
KATUNGA IS 1,200 SQUARE  
MILES.

8. THE TOTAL AREA OF THE  
LANDS IN THE DISTRICT OF  
KATUNGA IS 1,200 SQUARE  
MILES.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Frederick CONRAD

2. DATE  
OF  
DEATHOctober 5  
1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION Pinecrest Sanatorium4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
BALTO 8-02 township)

D. STREET ADDRESS (If rural, give location)

1930 BELAIR RD.

c. Length of stay in Baltimore

50 years

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

1869

12-24-1951

9. AGE (In years  
last birthday)

81

If Under 1 Year If Under 24 Hours  
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

DISTRIBUTOR

10B. KIND OF BUSINESS OR  
INDUSTRY

WHOLESALE FOOD

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

ADAM CONRAD

14. MOTHER'S MAIDEN NAME

LOUISE GARM

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. C.C. MEURER 311 ROSSITER AVE.

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral Embolism

14 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE. (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Generalized Arterio-  
sclerosis

?

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1951, to October 5, 1951, that I last saw the  
deceased alive on October 5, 1951, and that death occurred at 10:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

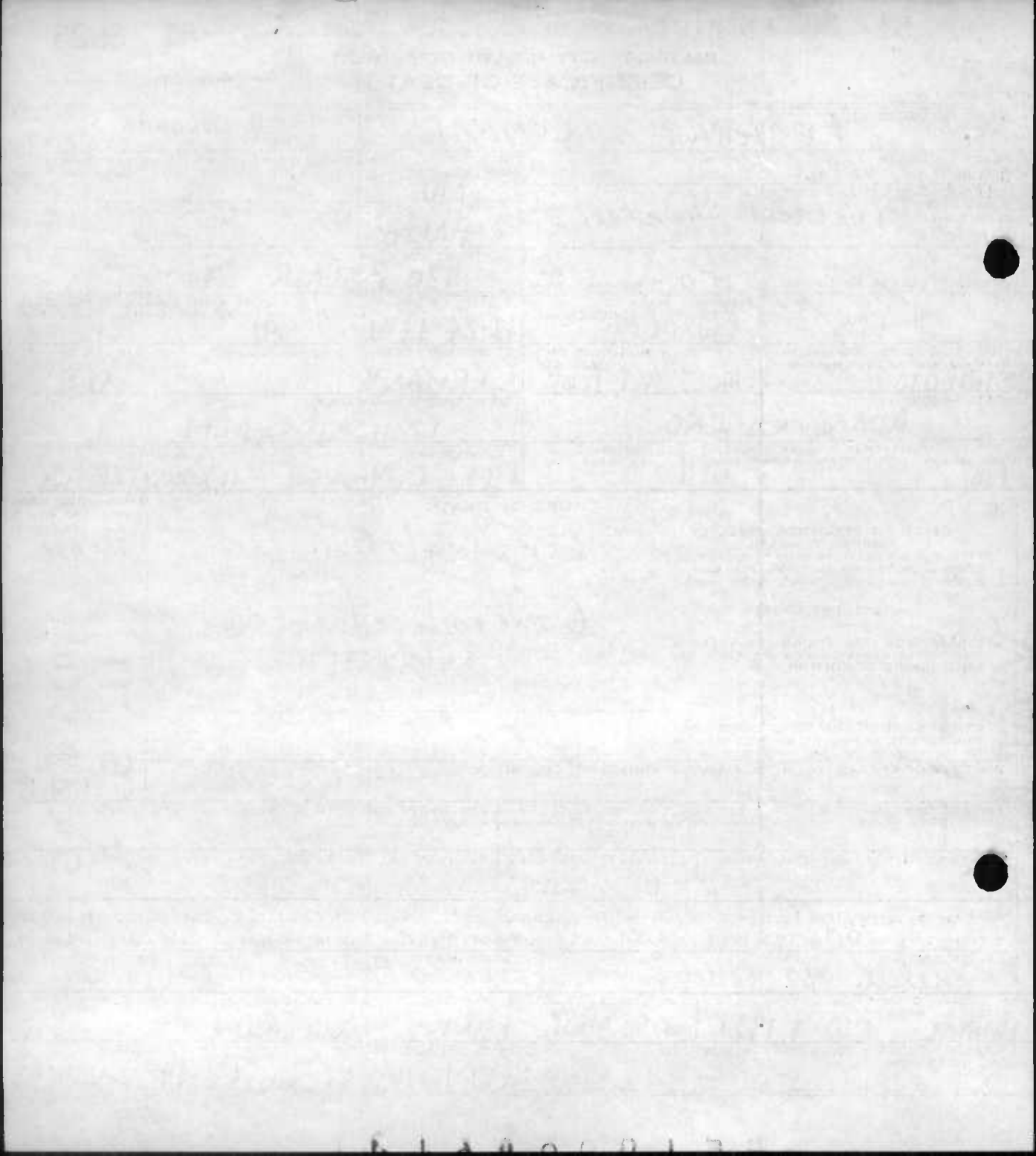
25. FUNERAL DIRECTOR

ADDRESS

OCT 8 1951

H. W. JENKINS &amp; SONS CO.

4905 YORK RD



TO BE APPROVED BY THE MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8626

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Anna P. Yewell

2. DATE  
OF  
DEATH

10/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Joseph's Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3617 Crossland Avenue

5. SEX

Fe.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Widowed

8. DATE OF BIRTH

Jan. 27, 1871

9. AGE (In years last birthday)

80yr.

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John G. Price

14. MOTHER'S MAIDEN NAME

Anna Northey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.  
None

17. INFORMANT

ADDRESS

Mrs. John R. Weaver 3617 Crossland Ave.

18. E 903.0 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Arteriosclerosis

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Fracture, left femur

(C) Renal insufficiency

CERTIFICATION APPROVED BY

WILLIAM J. WILSON, M. D.  
CHIEF OR ASST. MEDICAL EXAMINERII  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☒

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

3617 Crossland Ave.

21D. TIME (Month) (Day) (Year) (Hour) INJURY

9-16-51

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped &amp; fell to floor in bedroom

22. I hereby certify that I attended the deceased from 9/16/1951 to 10/6/1951, that I last saw the deceased alive on 10/6/1951, and that death occurred at 10:30 A. M. from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

10/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/9/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

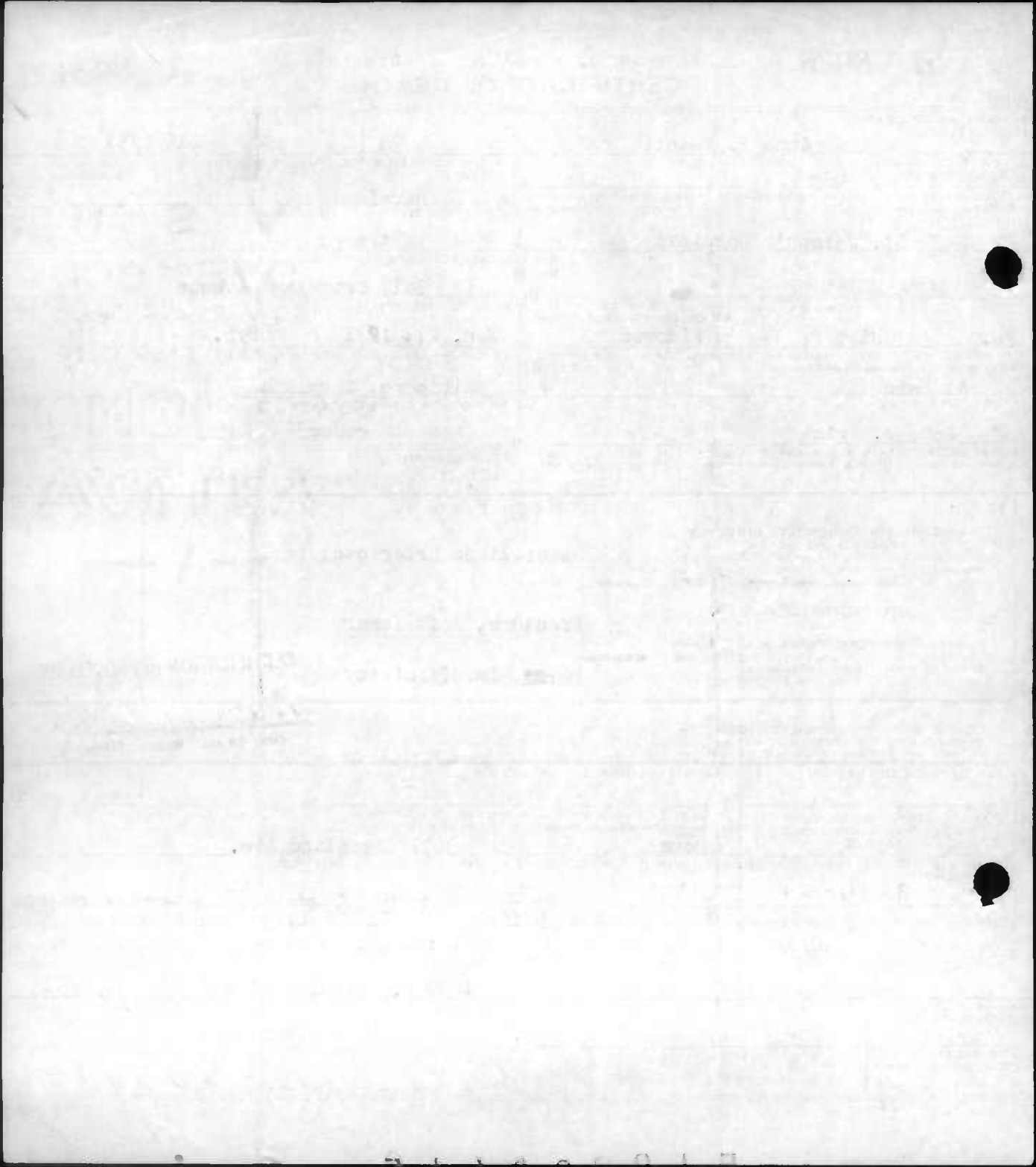
ADDRESS

OCT 8 1951

VS 150

N-8210

186a

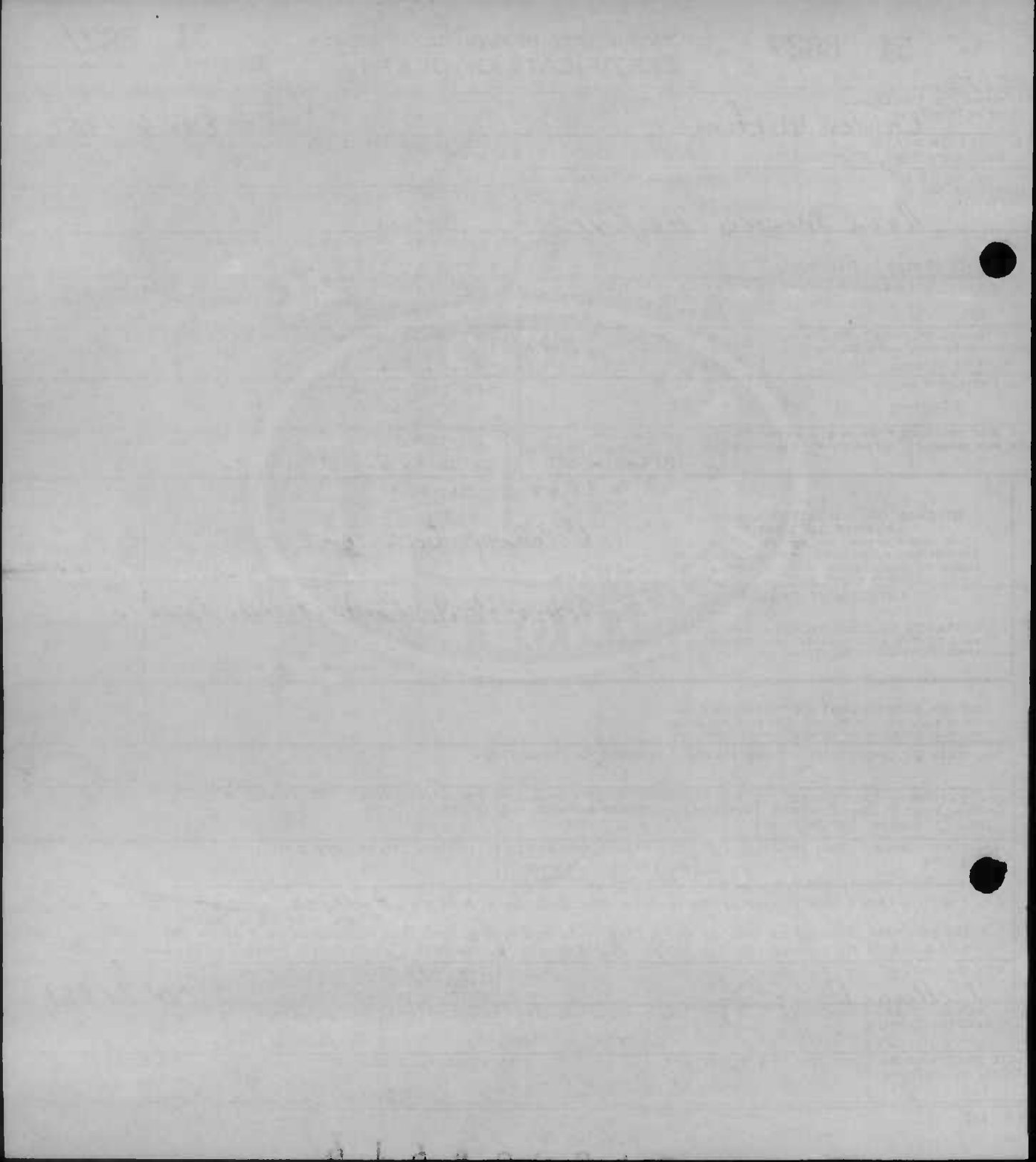


416 51 8627

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8627  
Registered No.

BIRTH NO.		2. DATE OF DEATH	
1. NAME OF DECEASED (Type or Print) <i>Charles E Wilford</i>		<i>Oct 6 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Howard</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Elkridge</i>	
D. STREET ADDRESS (If rural, give location) <i>Laywers Hill Rd.</i>		E. LENGTH OF STAY IN BALTIMORE <i>6300</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 14, 1883</i>
9. AGE (In years last birthday) <i>68</i>		10. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Maintenance Man</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Albert Wilford</i>		14. MOTHER'S MAIDEN NAME <i>Mary Smith</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>214-01-5346</i>	
17. INFORMANT <i>Mr. Chas. E. Wilford Jr.</i>		ADDRESS <i>1726 Arlington Ave</i>	
18. <i>420.1</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i> (A) DUE TO ANTECEDENT CAUSES (B) DUE TO <i>Arteriosclerotic Cardiovascular Disease</i> (C) DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <i>William V. L...</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR..... <i>Oct 7 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/9/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Woodlawn, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>Oct 8 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. J. T...</i>	
25. FUNERAL DIRECTOR <i>Wm. J. T...</i>		ADDRESS <i>Balto Md</i>	

V S 151  
970 24  
931





400  
51 8628BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8628

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mr. John A. Pauly

2. DATE  
OF  
DEATH

10/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.  
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Irvington

25-31

D. STREET ADDRESS (If rural, give location)

362 Marydell Rd #29

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Upholsterier

10B. KIND OF BUSINESS OR  
INDUSTRY

Furniture

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Pauly

14. MOTHER'S MAIDEN NAME

Carrie Hueter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

212-01-9380

17. INFORMANT

ADDRESS

Mrs. John A. Pauly 362 Marydell Rd.

1B.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of lung

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

9/25/51 10/5/51

Carcinoma lung

Phlebotrombosis veins

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 9/23/1951, to 10/6/1951, that I last saw the  
deceased alive on 10/6/1951, and that death occurred at 6:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

10/10/51

Loudon Pk. Cem.

Balto. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

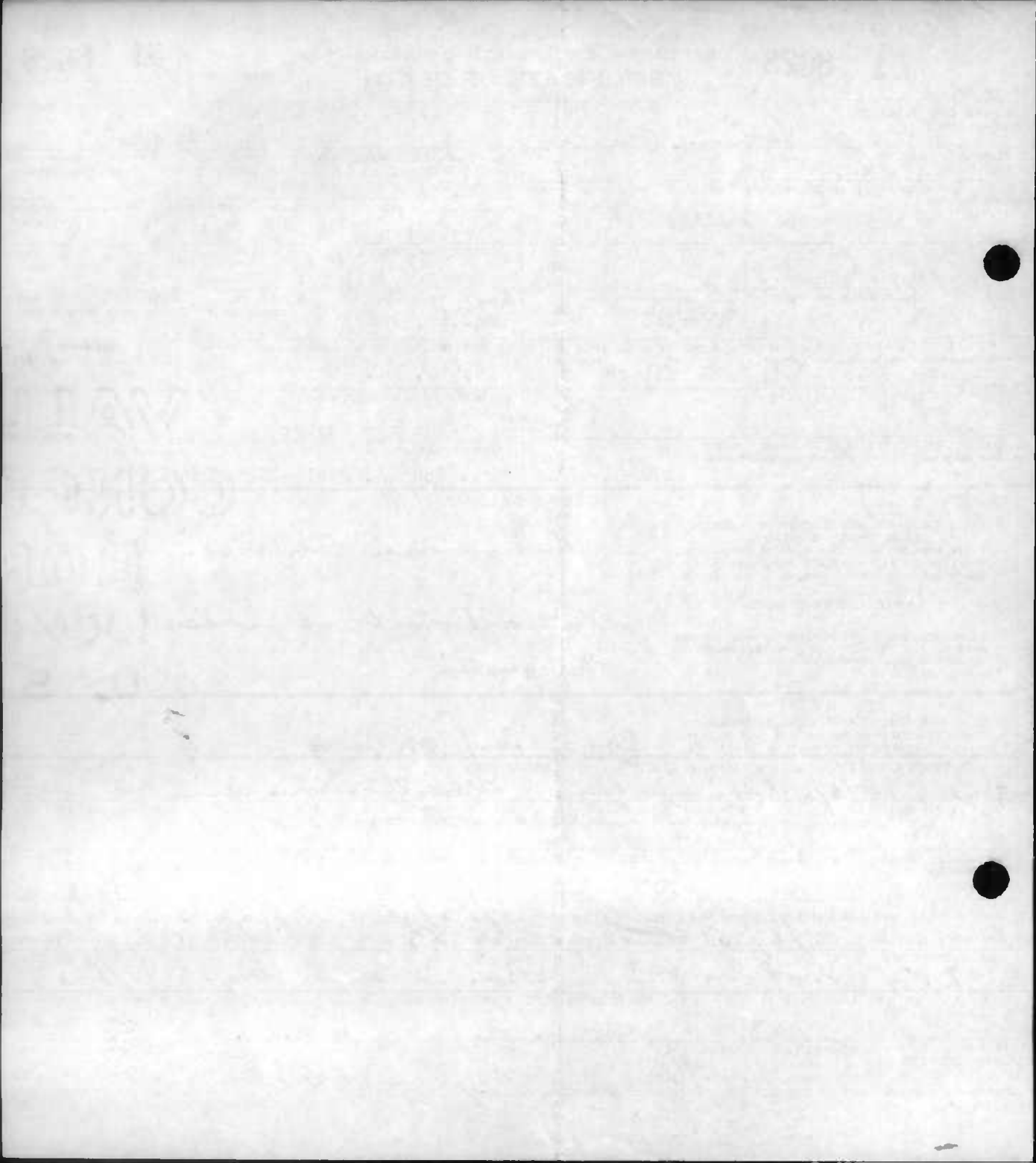
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, H.

Wm. J. Tickner Sons Inc. Balto Md



630  
51 8629BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8629  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

ELIZABETH M. HART

2. DATE  
OF  
DEATH

10/7/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1217 James St.

LIFE Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission)

A. STATE

B. COUNTY

1217 JAMES ST

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE MD 21-02

D. STREET ADDRESS (If rural, give location)

1217 JAMES ST

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOW

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

RETIRED HOUSEWIFE

13. FATHER'S NAME

GEORGE KNELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

1210 ADDRESS

WALTER HART SARGENT ST

18. 466X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Thrombosis left chest 2 days

DUE TO

Venn

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1957, to 10-7, 1957, that I last saw the deceased alive on 10-7, 1957, and that death occurred at 7:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John P. Unbeck, Jr.

M. D.

23B. ADDRESS

1227 Wash. Blvd

23C. DATE SIGNED

10-8-57

24A. BURIAL, CREMATION,  
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10/10/51

MOUNT OLIVE T CEM

Balt.

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 8 1951

Huntington Williams

2427

2427

ADDRESS

CHAS P TOWELL EDMONDSON AVE

Dr John P. Unlock  
1227 Wash Blvd  
Si 3689

51 8630

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8630  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HOLLAND W. GARRISON

2. DATE

OF DEATH 10/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1323 BRUNT STREET

C. Length of stay in Baltimore LIFE

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CHAUFFEUR

10B. KIND OF BUSINESS OR INDUSTRY

SUPPLY

13. FATHER'S NAME

JERIMAH GARRISON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

213-03-0519

17. INFORMANT

ADDRESS

ROXIE GARRISON(W) 1323 BRUNT ST.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Pulmonary tuberculosis 5 weeks*  
DUE TO

## ANTECEDENT CAUSES

(B) .....  
DUE TO  
(C) .....

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 13, 1951 to Oct 6, 1951 that I last saw the deceased alive on Oct 5, 1951, and that death occurred at 1.30 Pm., from the causes and on the date stated above.

23A. SIGNATURE

W. H. W. W. W.

23B. ADDRESS

M. D.

5154 Gough St. BALTO. COUNTY, MD.

23C. DATE SIGNED

10/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

10/9/51

24C. NAME OF CEMETERY OR CREMATORY

ARBUTUS MEM'L PK.

24D. LOCATION (City, town, or county)

BALTO. COUNTY, MD.

DATE RECEIVED BY LOCAL REGISTRAR

10/8/1951

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

Charles Cooper 512 Carroll Ave.

VS 150

68364

13B

MANEY  
CONGRUOUS  
COND  
INTERAC  
HIS A

DE HENRI

0 1 2 3 4 5 6 7 8 9

51 8631

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8631

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LOLA C HARRIS

2. DATE  
OF DEATH October 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

South Baltimore General Hospital

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Willie Cuff

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Frank Harris-1706 Brady Ave

18. 171X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the cervix

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR

23C. DATE SIGNED

October 6, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/10/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Ct.

24D. LOCATION (City, town, or county)

A.A.Co., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 8 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

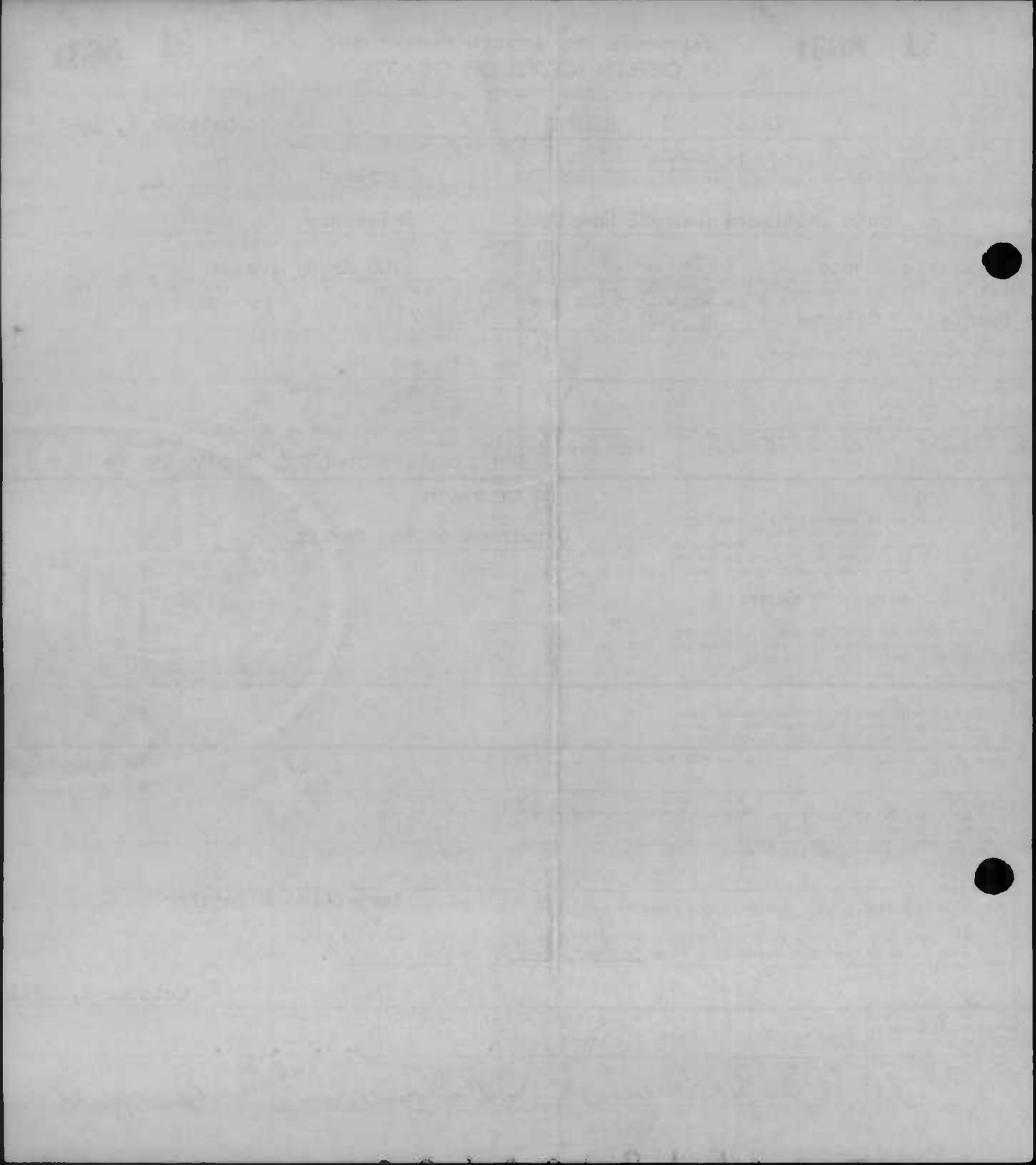
25. FUNERAL DIRECTOR

J.L. Brown &amp; Son - Montgomery St

ADDRESS

48a





51 8632

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8632

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary Emma Bouldin

2. DATE  
OF  
DEATH

Oct. 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Prov. Hosp.

C. Length of stay in Baltimore

Lise

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

14-02

D. STREET ADDRESS (If rural, give location)

1609 Mc Cullough St.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY

Home

13. FATHER'S NAME

Unknown

8. DATE OF BIRTH

Sept. 10, 1890

9. AGE (In years last birthday)

61

11 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Helen A. Halland 1631 Druid Hill Ave.

18. E916.01

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Extensive 1st &amp; 2nd degree burns of face, neck, both arms, left side of body &amp; left thigh

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN  
ONSET AND DEATH

9 hrs.

CERTIFICATION  
R. F. Fisher M.D.  
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT—SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1609 Mc Cullough St. 14/2

TIME (Month) (Day) (Year) (Hour)

10/3/51 9:00 a.m.

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

Explosion of oil stove

22. I hereby certify that I attended the deceased from 10/3, 1951, to 10/4, 1951, that I last saw the deceased alive on 10/4, 1951, and that death occurred at 6 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial Oct. 5, 1951 Mt. Auburn Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Funeral Home

1631 Druid Hill Ave.

OCT 8 1951

N-948.2

181

MEDICAL CERTIFICATION



1000 ft. of sand to the surface  
 of the water. The sand is  
 very fine and is of a light  
 color. It is very soft and  
 is very easy to dig.

12/2/5

good time on the beach

615 51 8633

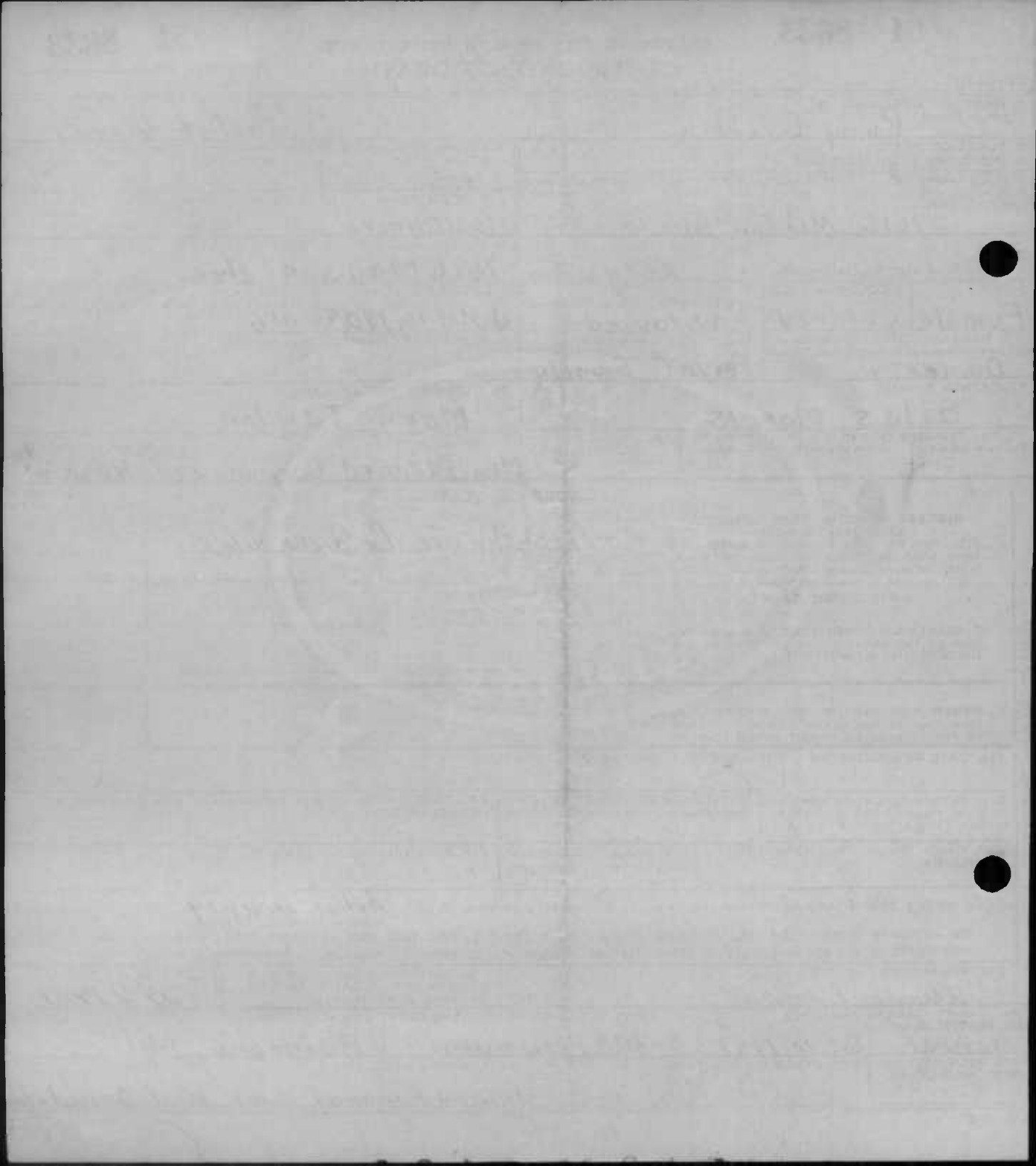
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8633  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>M. Ruby Griffin</b>		2. DATE OF DEATH <b>Oct 6 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1616 Madison Ave</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 14-02</b>	
C. Length of stay in Baltimore <b>25 yrs.</b>		D. STREET ADDRESS (If rural, give location) <b>1616 Madison Ave.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 10, 1905</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Private Family</b>	9. AGE (In years last birthday) <b>46</b>
13. FATHER'S NAME <b>Silas Morris</b>		11. BIRTHPLACE (State or foreign country)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Mary Taylor</b>	
17. INFORMANT <b>Mrs. Floreed Cooper</b>		ADDRESS <b>2200 Ruskin Ave.</b>	

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive Cardiovascular Disease</b>	CAUSE OF DEATH (A) <b>Hypertensive Cardiovascular Disease</b> (B) <b>Disease</b> (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <b>Partial Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>William V. Board</b>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Oct 7 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct. 10, 1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 8 1951</b>		REGISTRAR'S SIGNATURE <b>William V. Board</b>		25. FUNERAL DIRECTOR <b>Holland Funeral Home - 1631 Druid Ave.</b>	



630  
51 8634BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8634  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <u>Susie S. Howard</u>			2. DATE OF DEATH <u>Oct. 5, 1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>3208 Auchenbury Ter.</u> B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Life</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>13-04</u>		
C. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>3208 Auchenbury Terrace</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 9, 1874</u>	9. AGE (In years last birthday) <u>77</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		
11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>George Matthews</u>			14. MOTHER'S MAIDEN NAME <u>Josephine Lewis</u> ✓		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>Yes, no or unknown</u>			16. SOCIAL SECURITY NO. <u>Geo. Matthews Howard, 644 George St</u>		
17. INFORMANT <u>Geo. Matthews Howard</u>			ADDRESS <u>644 George St</u>		

18. <u>7/4X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>Chronic Nephritis (urine)</u> DUE TO (B) <u>Rheumatic Valvular disease</u> DUE TO (C) <u>Arterio-sclerosis, Hypertension, Hemiplegia unknown</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1949</u> <u>Many years</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION <u>Arterio-sclerosis, Hypertension, Hemiplegia unknown</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>None</u>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>None</u>	
21D. TIME (Month) (Day) (Year) (Hour) <u>None</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>None</u>	
22. I hereby certify that I attended the deceased from <u>Sept 4</u> , 1951, to <u>Oct 5</u> , 1951, that I last saw the deceased alive on <u>Oct 4</u> , 1951, and that death occurred at <u>5:45 P.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Rough &amp; Young</u>		23B. ADDRESS <u>1429 E. Denmark St</u>		23C. DATE SIGNED <u>10/6/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24B. DATE <u>Oct. 8, 1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>St. Auburn Cemetery</u>	
24D. LOCATION (City, town, or county) <u>Baltimore, Md.</u>		24E. STATE <u>Md.</u>		24F. LOCATION (City, town, or county) <u>Baltimore, Md.</u>	
25. FUNERAL DIRECTOR <u>John M. Johnson</u>		ADDRESS <u>1700 Daniel Hill Rd</u>		131a	

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

OCT 8 1951

VS 150

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR  
FROM: SAC, NEW YORK (100-100000)  
SUBJECT: [Illegible]

DATE: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

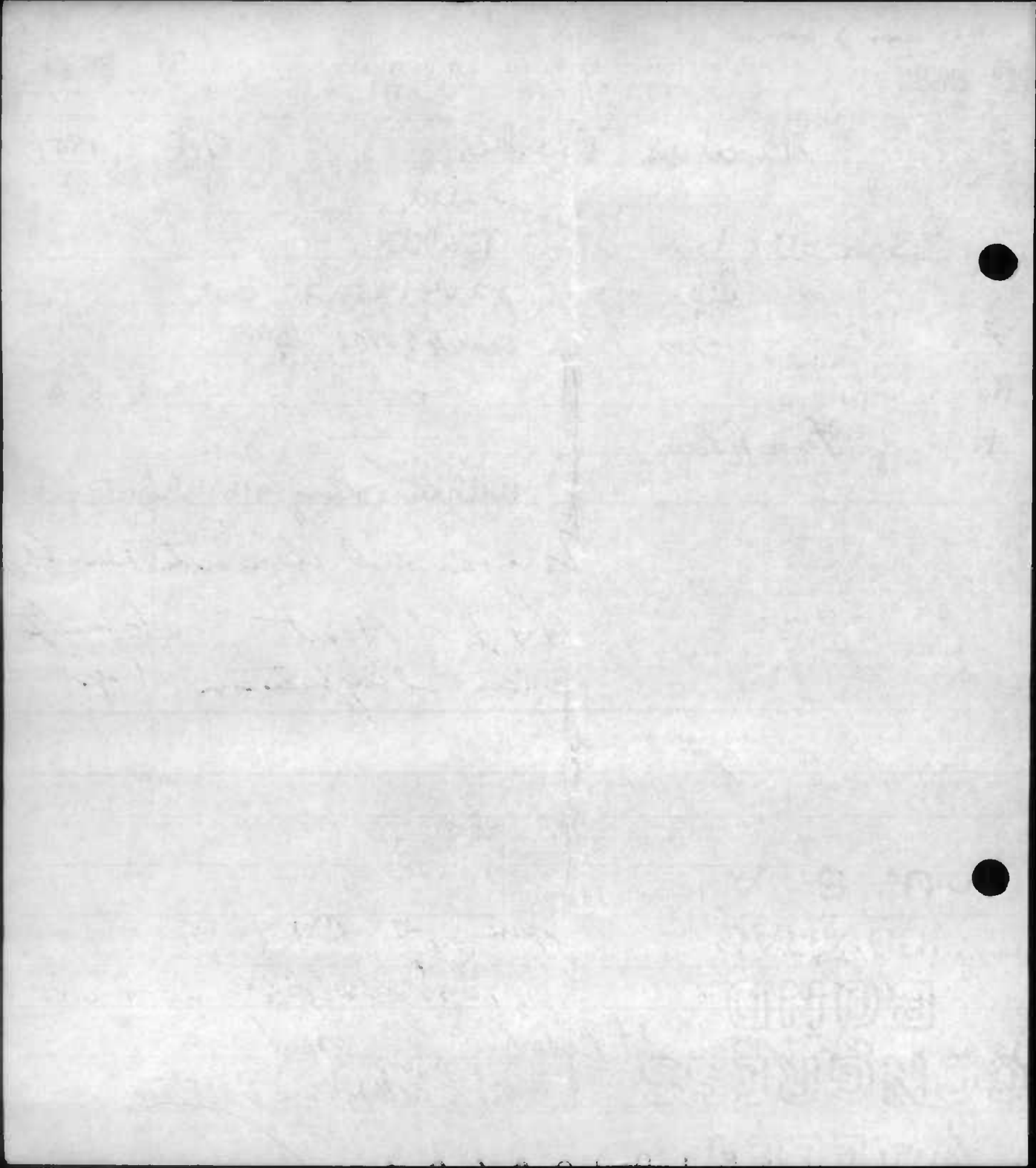
12. [Illegible]

13. [Illegible]

14. [Illegible]



616		BALTIMORE CITY HEALTH DEPARTMENT		51 8635	
51 8635		CERTIFICATE OF DEATH		Registered No. 51 8635	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)		Gladys Barber		2. DATE OF DEATH Oct 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md		B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Bar Wil Bar		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto		15-01	
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2204 Penna ave			
7. SEX F		8. COLOR OR RACE C		9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) m	
10. AGE (In years last birthday) 48		11. DATE OF BIRTH March 9, 1903		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		14. BIRTHPLACE (State or foreign country) md		15. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. FATHER'S NAME Henry Franklin		17. MOTHER'S MAIDEN NAME			
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		19. SOCIAL SECURITY NO.		20. INFORMANT Katharine King 916 Ashburton St	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 443X CAUSE OF DEATH Myocardial degeneration INTERVAL BETWEEN ONSET AND DEATH 1 month		22. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST (B) HD of Heart 6 months (C) Essential hypertension 1 yr			
23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
24. DATE OF OPERATION		25. MAJOR FINDINGS OF OPERATION		26. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		28. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
30. TIME (Month) (Day) (Year) (Hour) INJURY		31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		32. HOW DID INJURY OCCUR?	
33. I hereby certify that I attended the deceased from Jan 1951, to Oct 4, 1951, that I last saw the deceased alive on 10-4-51, and that death occurred at 11:45 m., from the cause and on the date stated above.					
34. SIGNATURE Dr. H. P. Williams		35. ADDRESS 1723 Broadview Ave		36. DATE SIGNED 10-6-51	
37. BURIAL, CREMATION, REMOVAL (Specify) Burial		38. DATE Oct 9, 1951		39. NAME OF CEMETERY OR CREMATORY St Petrus	
40. LOCATION (City, town, or county) md		41. FUNERAL DIRECTOR E. S. Kelson		42. ADDRESS 1303 Presstman St	
43. DATE RECEIVED BY LOCAL REGISTRAR OCT 8 1951		44. REGISTRAR'S SIGNATURE H. Williams		45. ADDRESS 921	



650  
51 8636  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8636  
Registered No.1. NAME OF DECEASED  
(Type or Print)

Mr Charles Edgore Hearn

2. DATE  
OF  
DEATH

October 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3027 ARUNAH AVE

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

S. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Merchant.

10B. KIND OF BUSINESS OR INDUSTRY

Health Foods

13. FATHER'S NAME

William H. Hearn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL SECURITY NO.

218-09-2822

8. DATE OF BIRTH

June 14, 1884

9. AGE (In years last birthday)

67

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Mary Virginia Hearn

17. INFORMANT

Aral P. Hearn

ADDRESS 3108 W. Ave. Mies.

18. NOIX

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hodgkin's Sarcoma

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 mos.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

July 28, 1951

19B. MAJOR FINDINGS OF OPERATION

Femoral lymph node biopsy

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1951, to Oct 5, 1951, that I last saw the deceased alive on Oct 4, 1951 and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Lester A. Dole

23B. ADDRESS

1035 S. Paul St

23C. DATE SIGNED

10/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-9-51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem

24D. LOCATION (City, town, or county) (State)

Windsor Mill Rd Md.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 8 1951

REGISTRAR'S SIGNATURE

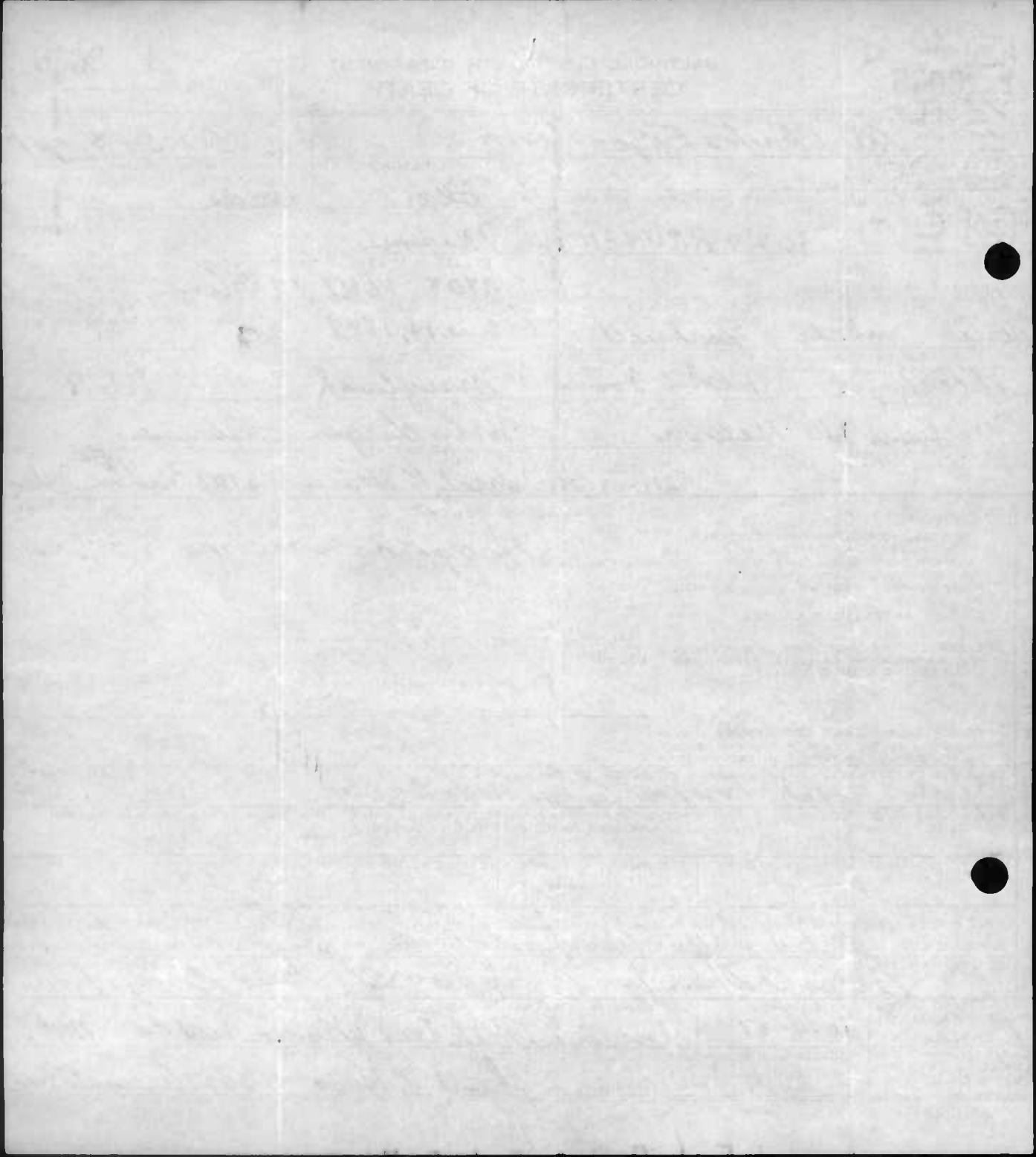
Christington Williams

25. FUNERAL DIRECTOR

Carl S. Hess

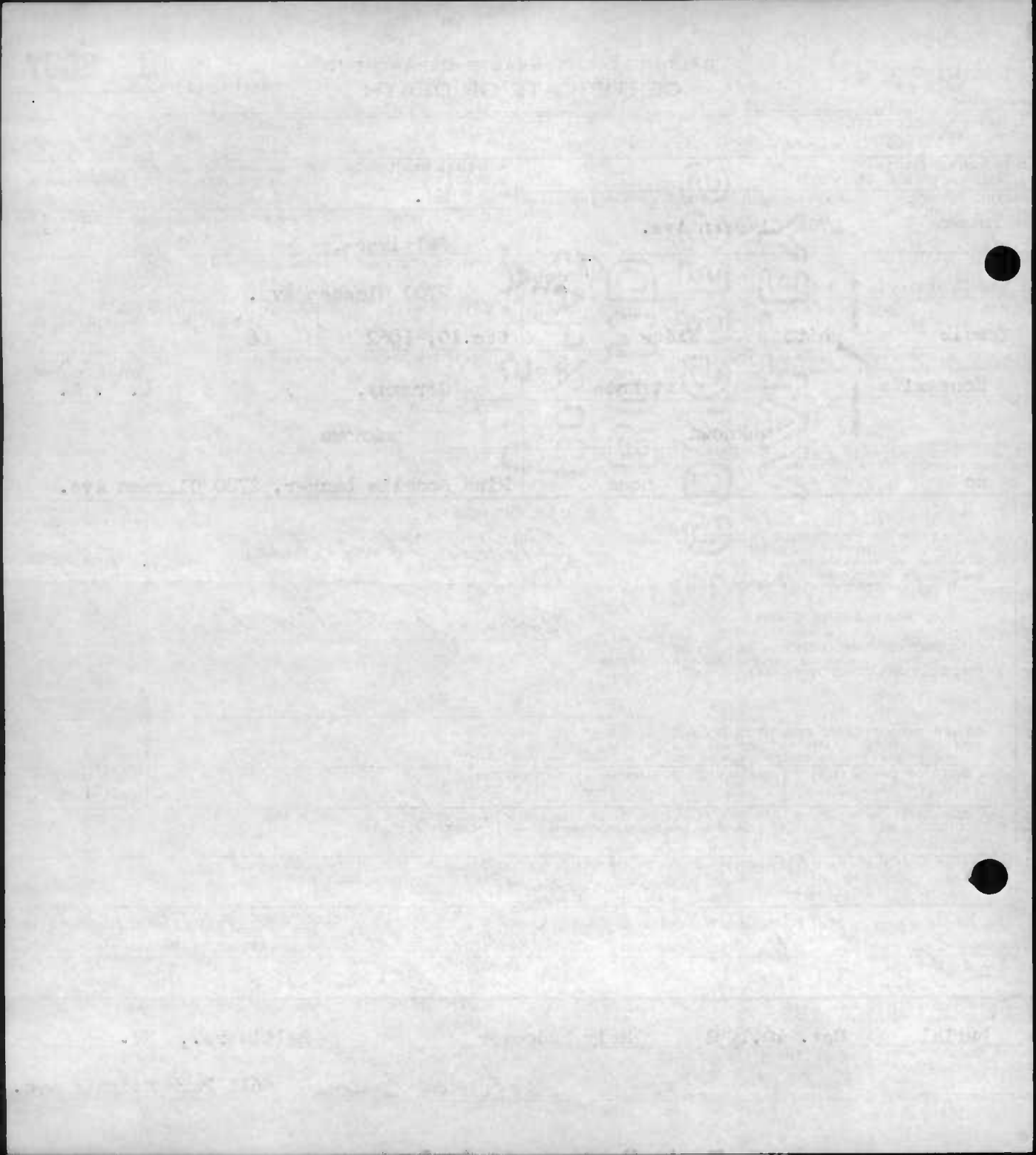
ADDRESS

3027 Arunah Ave



526  
51 8637  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8637  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Mrs. Barbara G. Langer</i>			2. DATE OF DEATH <i>October 7, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2700 Classen Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore,</i>		
c. Length of stay in Baltimore <i>67</i> Yrs. <del>Yrs.</del>			D. STREET ADDRESS (If rural, give location) <i>2700 Classen Ave.</i>		
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Dec. 10, 1862</i>	9. AGE (In years last birthday) <i>88</i>	# Under 1 Year Months: Days # Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (State or foreign country) <i>Germany,</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13. FATHER'S NAME <i>unknown</i>			
14. MOTHER'S MAIDEN NAME <i>unknown</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>			
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT ADDRESS <i>Miss Rosalie Langer, 2700 Classen Ave.</i>			
18. <i>4 yrs. 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Thrombosis</i> DUE TO (A) <i>Arteriosclerotic C. V. Dis.</i> DUE TO (B) <i>?</i> DUE TO (C) <i>?</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>II</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <i>4 days.</i>		
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July</i> , 19 <i>48</i> to <i>October 7, 1951</i> ; that I last saw the deceased alive on <i>Oct 7, 1951</i> , and that death occurred at <i>11:20</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Leonor G. Hall</i>		23B. ADDRESS <i>1039 St. Paul St.</i>		23C. DATE SIGNED <i>10-7-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>Oct. 10, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore., Md.</i>		24E. FUNERAL DIRECTOR ADDRESS <i>Vernon Lemon. 4611 Park Heights Ave.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 8 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. Williams</i>			





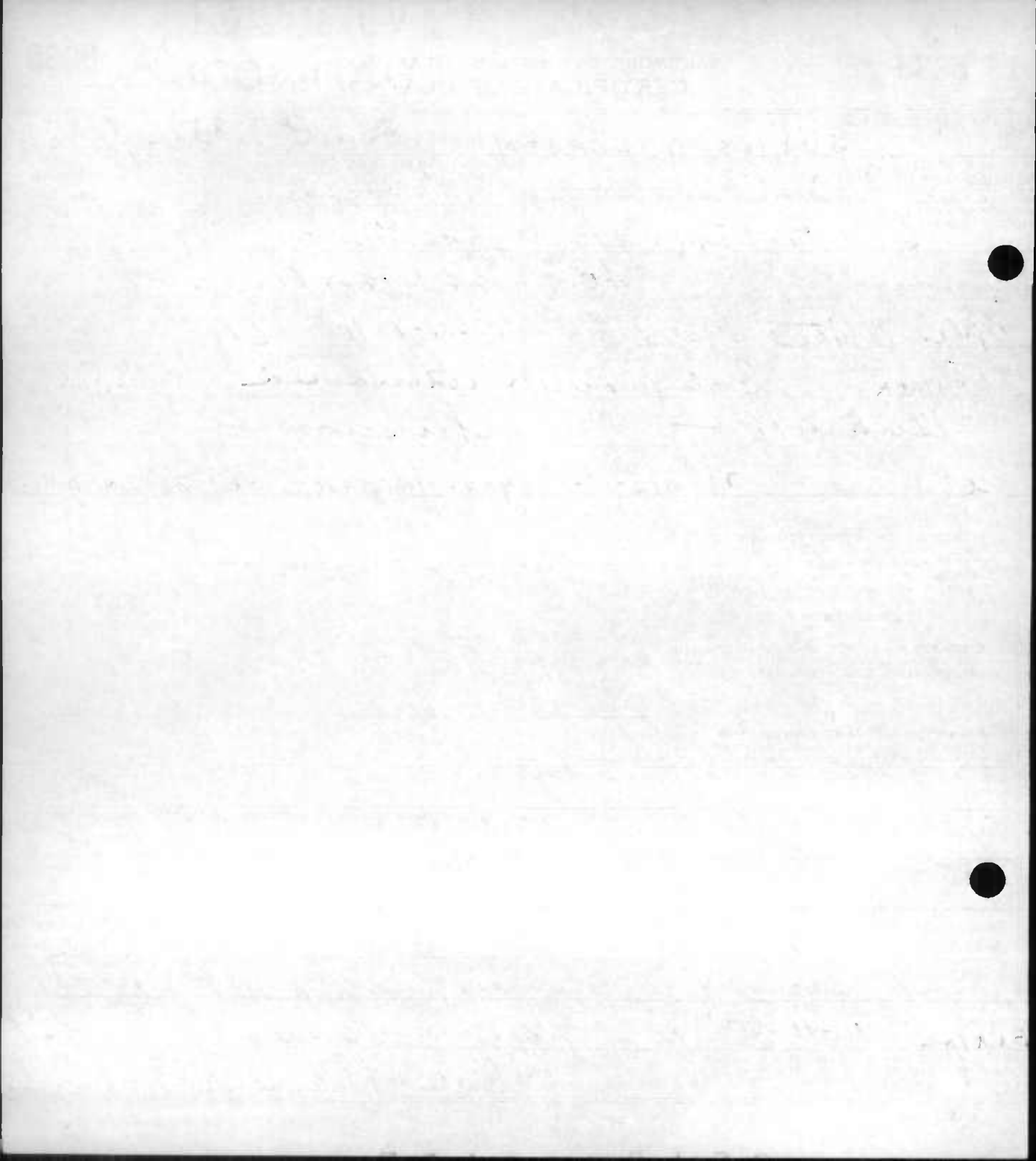
536  
01 8638BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8638  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>JULIUS ANDERSON</b>		2. DATE OF DEATH <b>Oct 7, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>22</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>661 PORTLAND ST.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
6. Length of stay in Baltimore <b>40</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>661 PORTLAND ST.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12-31-1890</b>
9. AGE (In years last birthday) <b>61</b>		10. Under 1 Year Months: Days Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tailor</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Coat maker</b>	
11. BIRTHPLACE (State or foreign country) <b>Lithuania</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Unknown</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>215-10-7008</b>	
17. INFORMANT <b>ANN ANDERSON</b>		ADDRESS <b>661 PORTLAND ST.</b>	
18. <b>420.1</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b> DUE TO INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs.</b>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ..... DUE TO (C) .....			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. .....			
19A. DATE OF OPERATION <b>10-10-51</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <b>10-10-51</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>2-7</b> , 19 <b>47</b> , to <b>10-7</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-5</b> , 19 <b>51</b> , and that death occurred at <b>2 A.</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>John P. Unlock, Jr.</b>		23B. ADDRESS <b>1227 Wash Blvd</b>	23C. DATE SIGNED <b>10-8-51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>10-10-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>	24D. LOCATION (City, town, or county) (State) <b>Belair Rd</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 8 1951</b>		REGISTRAR'S SIGNATURE <b>Wilmington Williams</b>	
FUNERAL DIRECTOR <b>Charles W. Jackson</b>		ADDRESS <b>703 McKim St</b>	

59046

94a



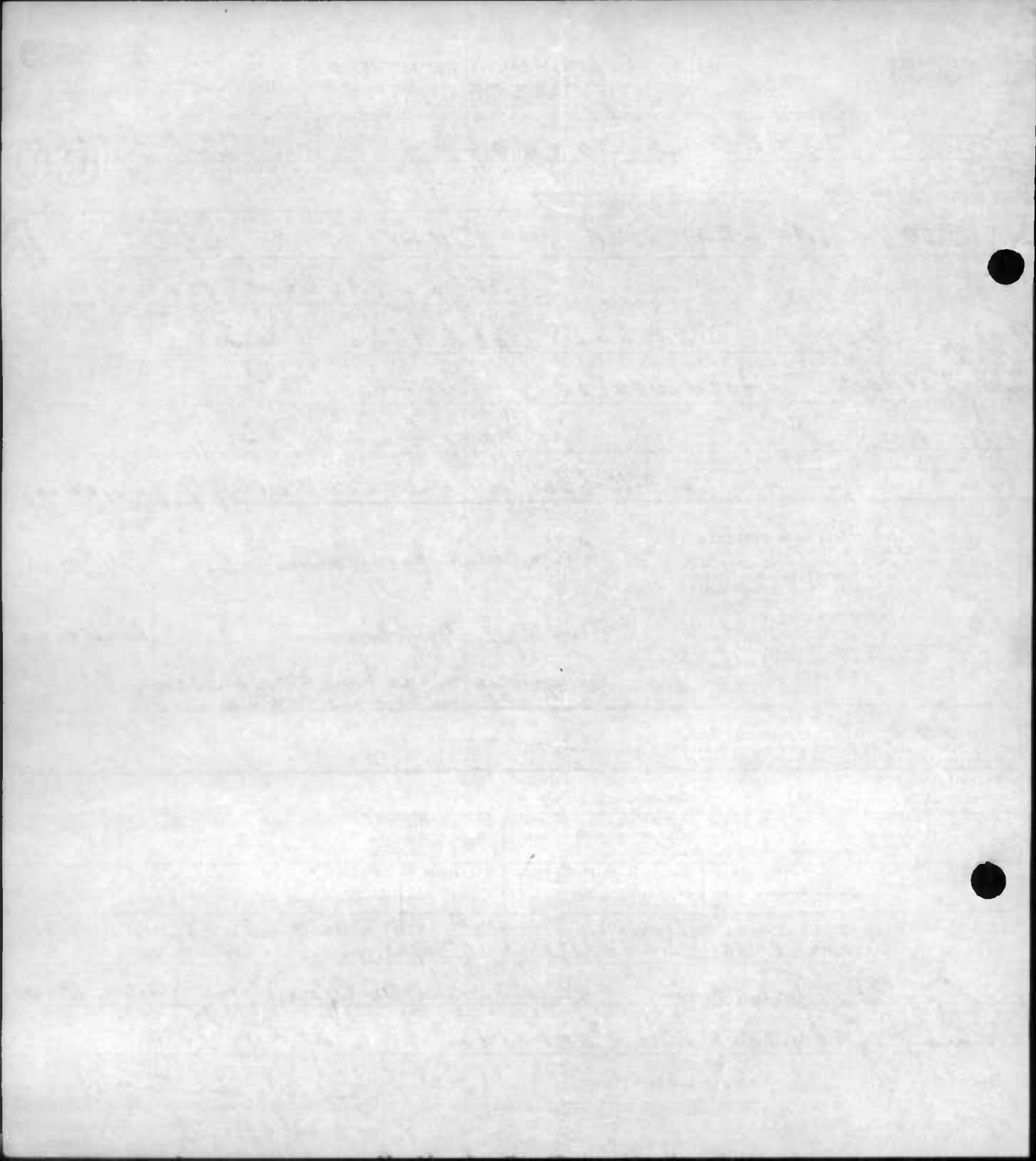


540  
51 8639BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8639

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>AGNES B. CONNOLLY</b>		2. DATE OF DEATH <b>OCT 5, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>3016 HARLEM AVE</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 16-06</b>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>3016 HARLEM AVE</b>	
6. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>FEB 8, 1886</b>
9. AGE (in years last birthday) <b>65</b>	10. USUAL OCCUPATION (Give kind of occupation during normal working life, even if retired) <b>Bookkeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Auto Dealer</b>	9. AGE (in years last birthday) <b>65</b>
11. BIRTH PLACE (State or foreign country) <b>BALTO MD</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13. FATHER'S NAME <b>Thomas J.</b>		14. MOTHER'S MAIDEN NAME <b>MARY A CONNALLY</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>113-10-6361</b>	
17. INFORMANT <b>John J. Connolly</b>		ADDRESS <b>796 Edgewood</b>	
18. <b>203X</b> CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH	
(A) <b>Bronchial pneumonia</b>		<b>36 hours</b>	
DUE TO			
(B) <b>Multiple Myeloma</b>		<b>Do not know</b>	
DUE TO			
(C) <b>Diagnosis made from bone marrow at Union Memorial Hospital.</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>none</b>		19B. MAJOR FINDINGS OF OPERATION <b>none</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
22. I hereby certify that I attended the deceased from <b>May 1st, 1951</b> , to <b>October 5th, 1951</b> , that I last saw the deceased alive on <b>October 5, 1951</b> , and that death occurred at <b>7:29 pm.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS <b>Westworth Apts. Bldg. 1 me.</b>	
23C. DATE SIGNED <b>October 6th 1951</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>Oct 9, 1951</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral</b>		24D. LOCATION (City, town, or county) <b>Balto, Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 8 1951</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M</b>	
25. FUNERAL DIRECTOR <b>North C. Walters</b>		ADDRESS <b>55E 3506J 3512 Frederick Ave</b>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 8640**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Marie Louise Peters (Petr)</b>				2. DATE OF DEATH <b>Oct. 6, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>life</b>				D. STREET ADDRESS (If rural, give location) <b>2636 Mathews Street</b>	
5. SEX <b>Fe.</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>6/27/95</b>	9. AGE (In years last birthday) <b>56</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Packer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Filbert's Margerine</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>	
13. FATHER'S NAME <b>Matthew Polanka</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>				16. SOCIAL SECURITY NO. <b>214-16-6149</b>	
17. INFORMANT <b>Mrs. Geraldine Hildebrandt, dght, above</b>				ADDRESS	

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) <b>ACUTE PULMONARY EDEMA</b>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(B) <b>UREMIA</b>			
		DUE TO			
		(C) <b>HYPERTENSIVE HEART DISEASE</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <b>10/9/51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10/5/51</b> to <b>10/6/51</b> , that I last saw the deceased alive on <b>10/6/51</b> , and that death occurred at <b>5:40 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Edward M. Reboke</b>		23B. ADDRESS <b>1400 N. Caroline Street</b>		23C. DATE SIGNED <b>10/6/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/9/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>		25. FUNERAL DIRECTOR <b>Schimunek Funeral Home, Inc.</b>			
26. LOCAL REGISTRAR <b>OCT 8 1951</b>		REGISTRAR'S SIGNATURE <b>William H. Williams</b>		27. ADDRESS <b>2601-3-5 E. Madison St.</b>	

THE NEW YORK PUBLIC LIBRARY

ASTOR LENOX TILDEN FOUNDATION

CLARENCE M. PHILLIPS

620  
51 8641BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8641

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Augusta Mears

2. DATE  
OF  
DEATH

Oct. 5 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

901 E. 37th St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

901 E. 37th St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

John Pfeifer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

-----

17. INFORMANT

ADDRESS

Carey B. Mears 901 E. 37th St.

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cachexia

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma cervix &amp; metastases

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 months

3 years

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. ☒ WHILE AT WORK ☐ NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from Jan. 1946 to Oct 5, 1951 that I last saw the deceased alive on Oct 5, 1951 and that death occurred at 8:20 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10/9/51

New Cathedral Cem.

Baltimore

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

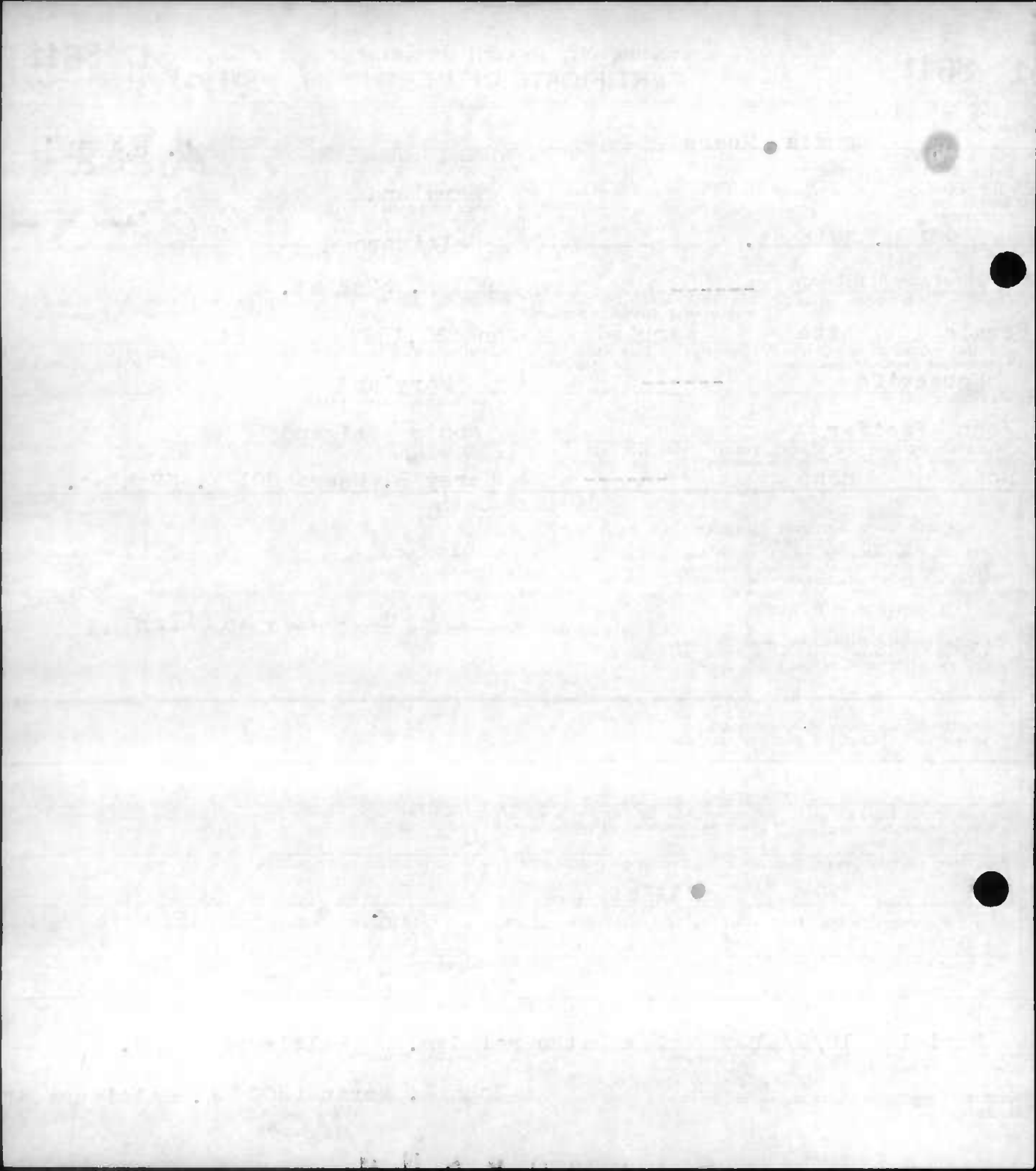
ADDRESS

OCT 8 1951

John A. Moran 3000 E. Baltimore St

H. Lewis

482





51 8642

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8642

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>BURGESS, WALTER</b>			2. DATE OF DEATH <b>10/4/51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>YES</b>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>2543</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <b>2440 S. Paca St</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE (Mt. Winans)</b>		
c. Length of stay in Baltimore <b>28</b> <input checked="" type="radio"/> Yrs. <input type="radio"/> Mos. <input type="radio"/> Days			D. STREET ADDRESS (If rural, give location) <b>2440 S. PACA ST.</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>NEGRO</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>1905-3.18.46</b>		9. AGE (In years last birthday) <b>46</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>FERTILIZER</b>		11. BIRTHPLACE (State or foreign country) <b>S. C.</b>
13. FATHER'S NAME <b>JOHN BURGESS (M)</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>215-01-46</b>		
			17. INFORMANT ADDRESS <b>ELLA BURGER - 2440 S. Paca</b>		

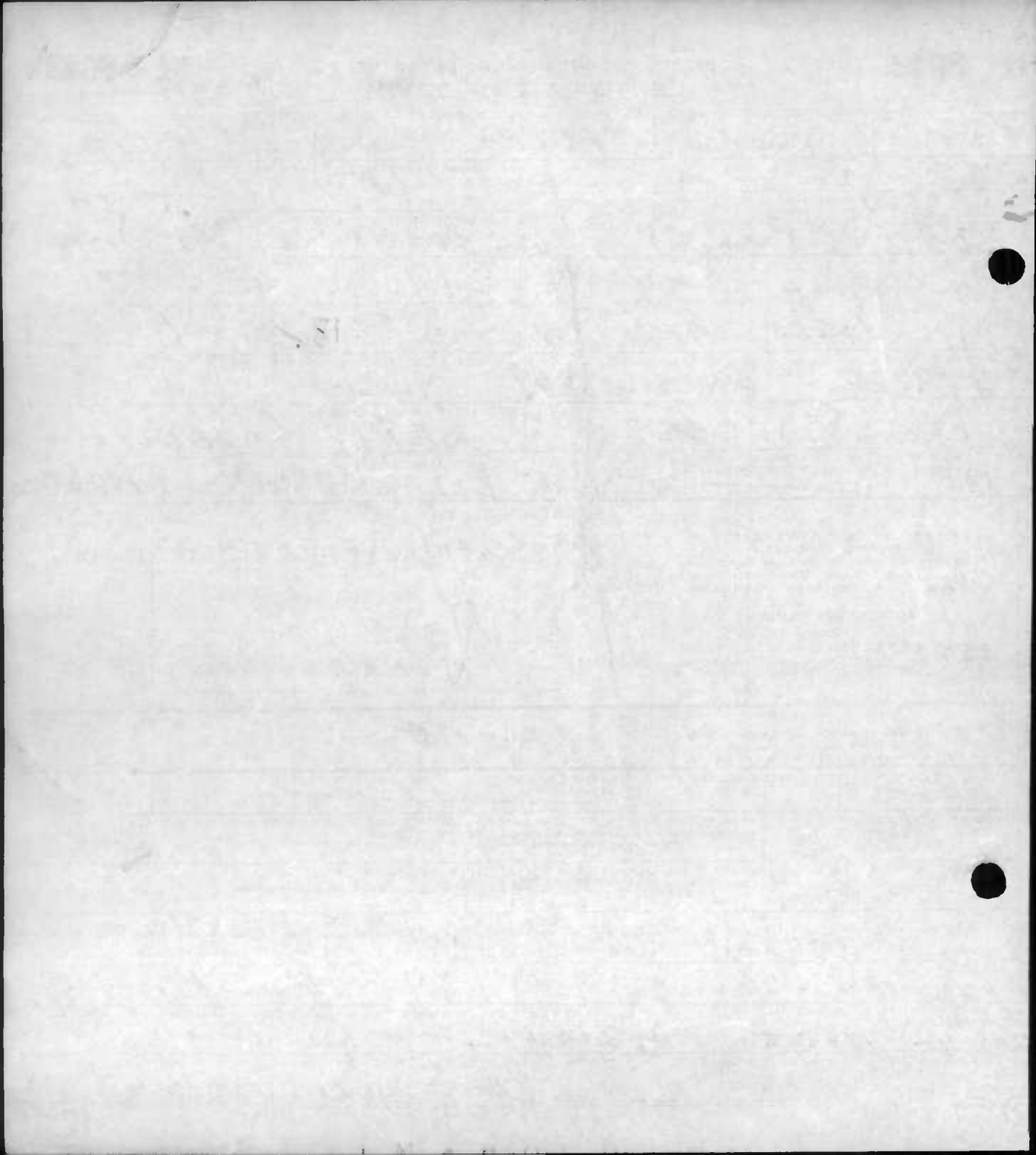
18. <b>134.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>DISSEMIN. SPOROTRICHOSIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 YRS.</b>
CAUSE OF DEATH (A) <b>NONE</b> DUE TO		
ANTECEDENT CAUSES (B) <b>NONE</b> DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) <b>NONE</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>NONE</b>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <b>NO</b>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) <b>OCT. 3, 1951</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>MAR. 1, 1951</b> , to <b>OCT. 4, 1951</b> , that I last saw the deceased alive on <b>OCT. 3, 1951</b> , and that death occurred at <b>1P</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Jose Williams II, M. O.</b>		23B. ADDRESS <b>1113 N. CAROLINE ST.</b>		23C. DATE SIGNED <b>10/4/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10-8-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Zion</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 8 1951</b>	REGISTRAR'S SIGNATURE <b>William Williams</b>	25. FUNERAL DIRECTOR <b>Choyzo Wilson</b>		ADDRESS <b>1000 Brantly and</b>	

VS 150

9704R

43



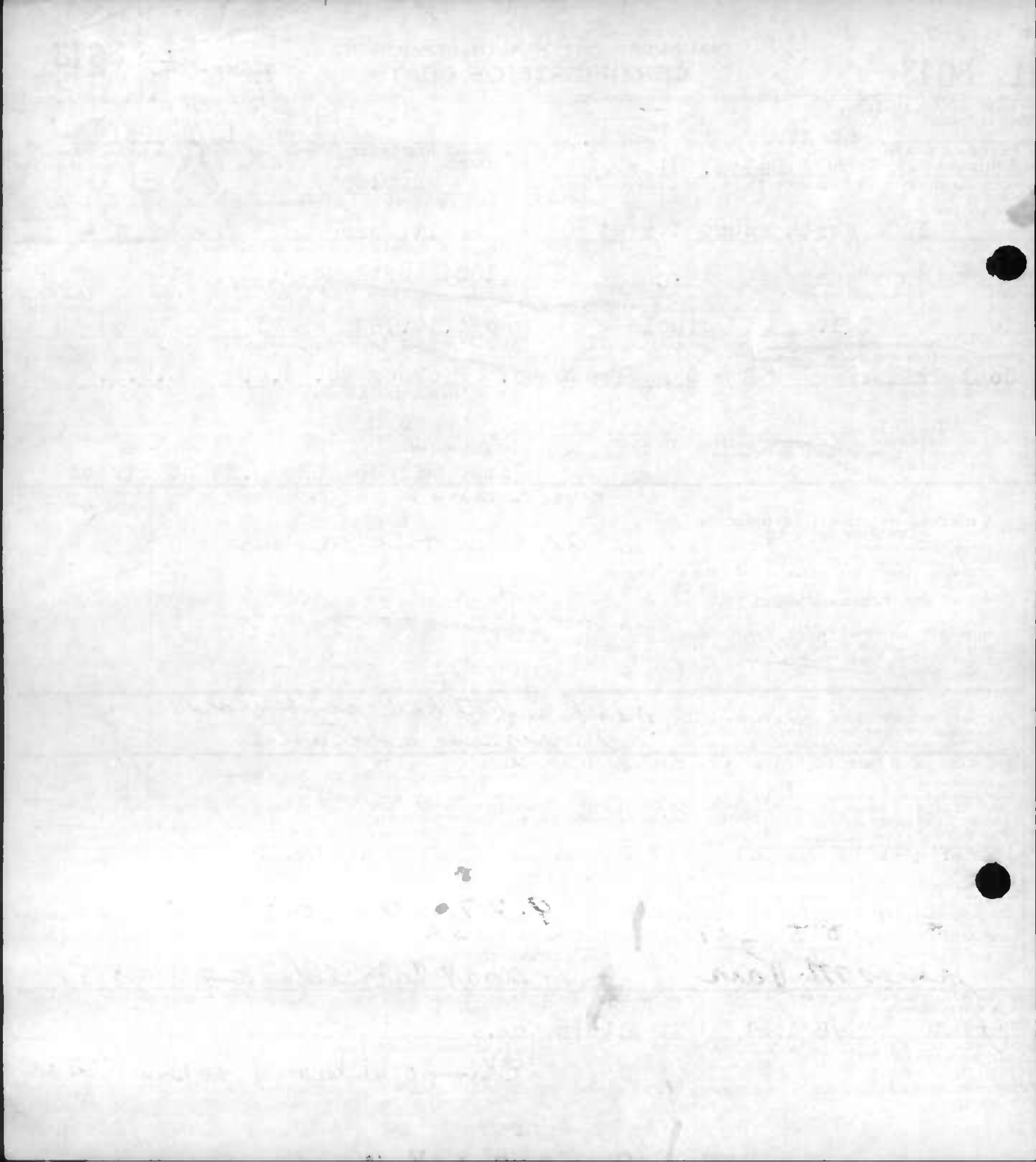
560  
1 8643BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8643

1. NAME OF DECEASED (Type or Print) <b>Larence Bowen</b>			2. DATE OF DEATH <b>10/5/1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>16-03</b>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1024 North Mount Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
6. Length of stay in Baltimore <b>40 Yrs.</b> Yrs. <b>40</b> Mos. <b>0</b> Days <b>0</b>			D. STREET ADDRESS (If rural, give location) <b>1024 North Mount Street</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept. 19, 1880</b>	9. AGE (In years last birthday) <b>71</b>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coal Trimer</b>			11. BIRTHPLACE (State or foreign country) <b>Pickens Co. S.C.</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>B &amp; O Railroad Co.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Unknown</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>James Wilson</b>			ADDRESS <b>1024 N. Mount Street</b>		

18. <b>450.0 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>arteriosclerosis</b> DUE TO (A) _____ ANTECEDENT CAUSES (B) _____ DUE TO (C) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Confined to bed past year, paralysis agitans</b>			INTERVAL BETWEEN ONSET AND DEATH <b>?</b>		
19A. DATE OF OPERATION <b>0</b>			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>9. 27. 1951</b> to <b>10. 5. 1951</b> , that I last saw the deceased alive on <b>10. 3. 1951</b> and that death occurred at <b>3 A. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>James M. Pair</b>			23B. ADDRESS <b>400 N. Carroll Lane</b>		23C. DATE SIGNED <b>10. 8. 51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/8/1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Arburn Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 8 1951</b>			REGISTRAR'S SIGNATURE <b>Chas. O. Wilson</b>		
VS 150			25. FUNERAL DIRECTOR <b>Chas. O. Wilson</b>		
			ADDRESS <b>1000 Brantley Ave</b>		

97050 87c



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8644

BIRTH NO.		1. NAME OF DECEASED (Type or Print) PAUL KRYMSKI		2. DATE OF DEATH Oct. 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1933 Eastern Avenue			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Sept. 27, 1888	9. AGE (in years last birthday) (65) 63	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none PAOR. CONFECTIONARY STORE		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poland	
12. FATHER'S NAME Joseph Krymski		13. MOTHER'S MAIDEN NAME Mary Krymski			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		15. SOCIAL SECURITY NO.		16. INFORMANT Caroline Krymski	

18. E974X1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Asphyxiation hanging		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? 1933 Eastern Avenue	
21D. TIME (Month) (Day) (Year) (Hour) October 7, 1951 A.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Hanged self with wire from light bulb	
22. I certify that I took charge of the remains described above, held a partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Winkler		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Oct. 8, 1951	

24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE Oct 10/51		24C. NAME OF CEMETERY OR CREMATORY Morland Memorial		24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR OCT 8 1951		REGISTRAR'S SIGNATURE H. H. Williams		FUNERAL DIRECTOR Fred W. Ozojowski		ADDRESS 2906A 1930 Eastern Ave 164a	

*[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side.]*

355  
8645BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8645

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Laura Redman.

2. DATE  
OF  
DEATH

10.8.51 4:55 AM

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR DOCTORS HOSPITAL

INSTITUTION 2724 N. Charles Str.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 25-04

D. STREET ADDRESS (If rural, give location)

208 E. Frankle St.

E. Length of stay in Baltimore

Five

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

13. FATHER'S NAME

STONEY JOYCE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

May 7 1910

9. AGE (In years last birthday)

41

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

CANDLER N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

NANNA JAMESON

17. INFORMANT

ADDRESS

WILLIAM C. REEDMAN 208 FRANKLE ST.

18. 446X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uraemia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Nephrosclerosis - hypertonia

DUE TO

several years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Pneumonia

3 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/24/1951, to 10/8/1951, that I last saw the deceased alive on 10/8/1951 and that death occurred at 2 AM., from the causes and on the date stated above.

23A. SIGNATURE

Man. Guedes

M. D.

23B. ADDRESS

1737 E. North Ave

23C. DATE SIGNED

10/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 11/1951

24C. NAME OF CEMETERY OR CREMATORY

Snow Hill Cem.

24D. LOCATION (City, town, or county) (State)

CANDLER N.C.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 8 1951

REGISTRAR'S SIGNATURE

Wm. J. Williams

25. FUNERAL DIRECTOR

ADDRESS

Gorce &amp; Lyons 4001 Ritchie



WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

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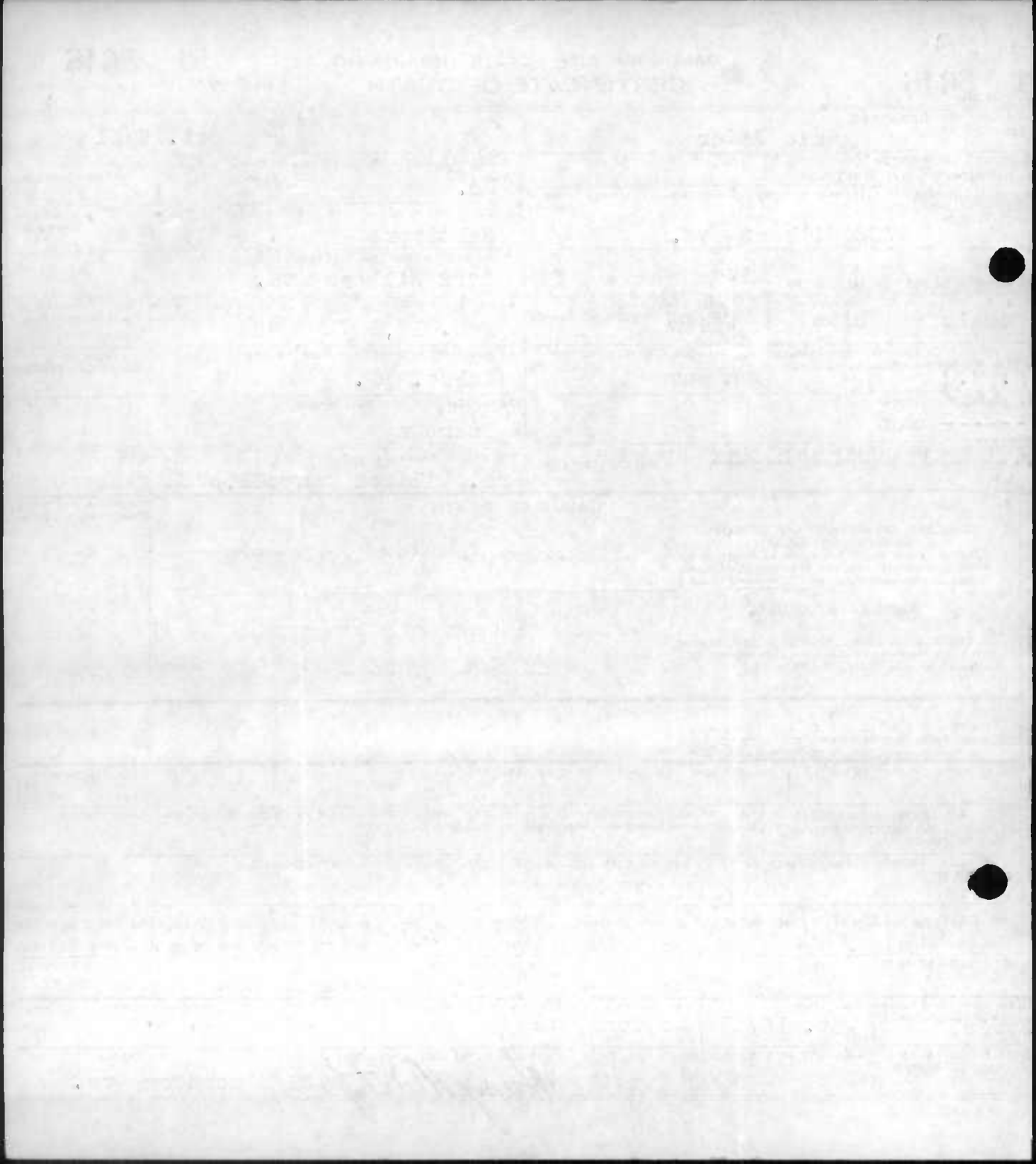
WATER RESOURCES DIVISION

160  
1 8646BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8646  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Annie Hafer</b>		2. DATE OF DEATH <b>Oct. 7/51</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>20</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>2722 Wilkens Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>Life</b> Yrs. <b>0</b> Mos. <b>0</b> Days <b>0</b>		D. STREET ADDRESS (If rural, give location) <b>2722 Wilkens Ave.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Feb. 17, 1872</b>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>H. W.</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	9. AGE (In years last birthday) <b>79</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>-----Lohn</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT (daughter)		ADDRESS <b>Mrs. Mildred Caswell, 2722 Wilkens Ave</b>	

18. <b>442X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>I</b> <b>Intracranial Hemorrhage</b> DUE TO <b>(A)</b> <b>Cardio Vascular</b> DUE TO <b>(B)</b> <b>Renal Disease</b> <b>(C)</b> <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <b>5 days.</b> <b>3 m.</b>
--	---

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>March</b> , 19 <b>48</b> , to <b>Oct 7</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Oct 6</b> , 19 <b>51</b> , and that death occurred at <b>10 40 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>M. H. Caswell</b> M. D.		23B. ADDRESS <b>4209 Hudnick Ave</b>		23C. DATE SIGNED <b>10/8/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 10/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore 29, Md.</b>		25. FUNERAL DIRECTOR <b>Harry Alitzy</b> ADDRESS <b>101 Edmondson Ave.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 8 1951</b>		REGISTRAR'S SIGNATURE <b>William M. Williams</b>		VS 150 <b>131a</b>	



252  
51 8647BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8647

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Joseph E. Raysinger

2. DATE  
OF  
DEATH

Oct. 6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3714 Harlem Ave.

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Widower

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3714 Harlem Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Widower

Yrs.  
Mos.  
Days

8. DATE OF BIRTH

Jan. 27, 1863

9. AGE (In years last birthday)

88

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. clerk

10B. KIND OF BUSINESS OR INDUSTRY

Meyer &amp; Thalheimer

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

John H. Raysinger

14. MOTHER'S MAIDEN NAME

Margaret Dane

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Theresa Raysinger, 3714 Harlem A

18. 451X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio-Vasc Disease  
DUE TO Atherosclerosis

15 yrs.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Aneurysm Abdominal Aorta  
DUE TO Atherosclerosis

4 yrs.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) (Minute) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1948, to Oct 6, 1951, that I last saw the deceased alive on Oct 2, 1951, and that death occurred at 4:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Paul R. Ziegler

M. D.

23B. ADDRESS

3723 Edmondson Ave

23C. DATE SIGNED

Oct 8 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 9/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral, 4300 Old Frederick Rd. Balto. Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 8 1951

Harry A. Witzke

4101 Edmondson Ave

4101 Edmondson Ave

100

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

100

100



630

51 8648

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51 8648

1. NAME OF DECEASED  
(Type or Print)

Herbert C. Coard, Sr.

2. DATE  
OF  
DEATH

Oct. 6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

502 Allendale St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE  
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

502 Allendale St.

E. Length of stay in Baltimore

Life

5. SEX  
Male6. COLOR OR RACE  
White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married8. DATE OF BIRTH  
Oct. 24, 19059. AGE (in years  
last birthday)  
4510 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Grocery & Meat10B. KIND OF BUSINESS OR INDUSTRY  
Own Business11. BIRTHPLACE (State or foreign country)  
Md.12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John W. Coard

14. MOTHER'S MAIDEN NAME  
Ida Hickman15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Evelyn Coard, 502 Allendale St.

18. 200.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan 1949 to 10/6, 1951, that I last saw the deceased alive on 10/6, 1951, and that death occurred at 8:45 m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 8 1951

Harry A. Witzke

4101 Edmondson Ave

2906A 55E

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 8649**

BIRTH NO. **460**

1. NAME OF DECEASED  
(Type or Print) **Albert Muller**

2. DATE OF DEATH **10-7-1951**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **MD.** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**St. Agnes Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore Md**

C. Length of stay in Baltimore **Life**

D. STREET ADDRESS (If rural, give location)  
**1004 Woodington Rd.**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**Married**

8. DATE OF BIRTH  
**March 21, 1906**

9. AGE (In years last birthday) **45**  
If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Piano Mover**

10B. KIND OF BUSINESS OR INDUSTRY  
**M.H. Muller**

11. BIRTHPLACE (State or foreign country)  
**Maryland**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME  
**William H. Muller**

14. MOTHER'S MAIDEN NAME  
**Loretta Daily**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  
**Yes World War 2**

16. SOCIAL SECURITY NO  
**217 07 6800**

17. INFORMANT ADDRESS  
**Mrs. Margaret Muller, 1004 Woodington Rd.**

18. **330X1**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) **Sub Arachnoid Hemorrhage**  
DUE TO **Probable Ruptured Cerebral Arterial Aneurysm -**  
(B) **Probable Bronchectasia**  
DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **9-7, 1951**, to **10-6, 1951**, that I last saw the deceased alive on **10-6, 1951**, and that death occurred at **11:55 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Harry L. Fung**

23B. ADDRESS **St. Agnes Hosp**

23C. DATE SIGNED **10-7-51**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24B. DATE  
**Oct. 10/51**

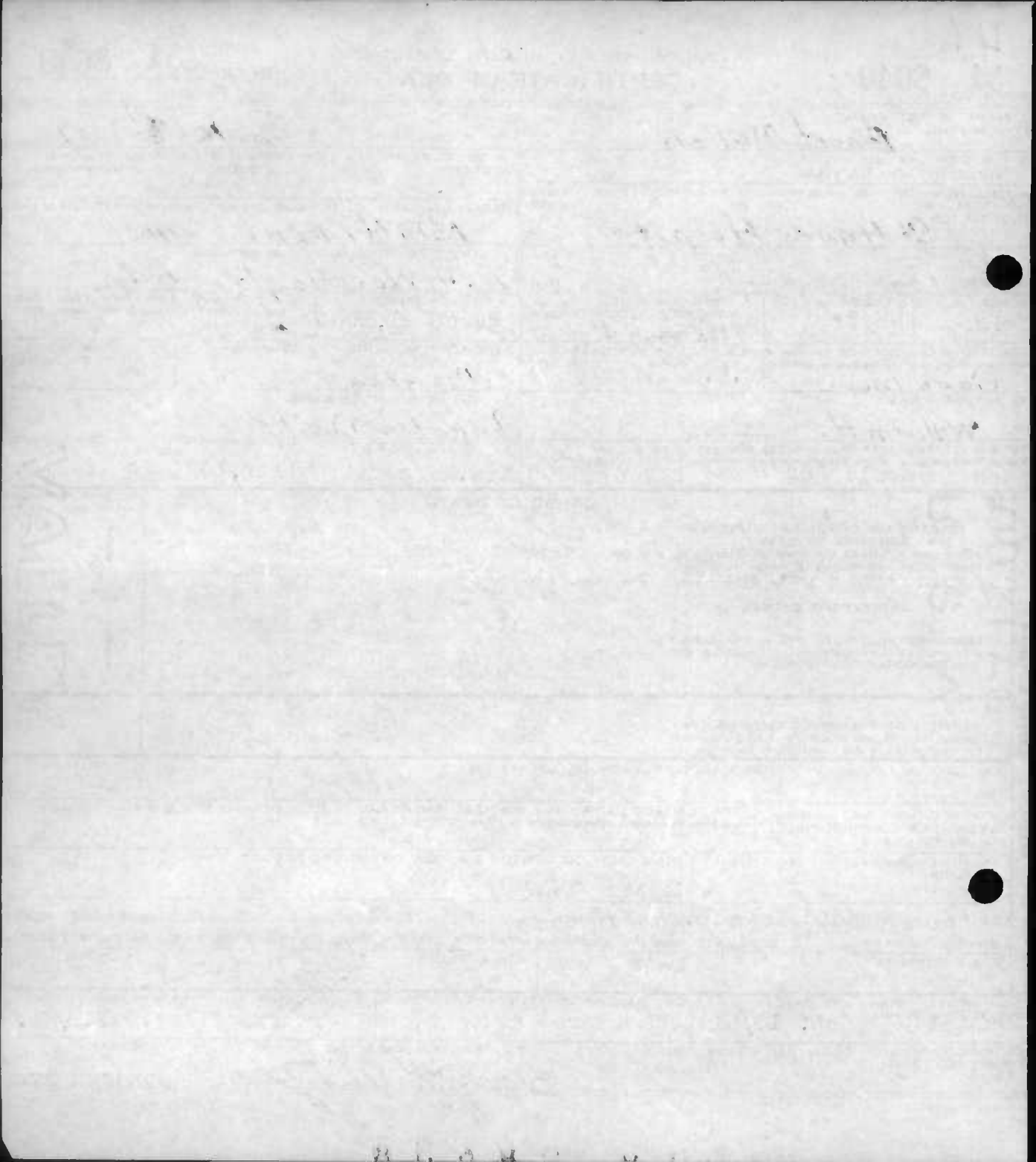
24C. NAME OF CEMETERY OR CREMATORY  
**Baltimore National, 5501 Frederick Ave. Balto, Md.**

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR  
**OCT 8 1951**

REGISTRAR'S SIGNATURE **William H. Muller**

25. FUNERAL DIRECTOR ADDRESS  
**Harry H. Witzke 101 Edmondson Ave**



400  
51 8650BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8650

BIRTH NO.		Raymond Gail		2. DATE OF DEATH 10.7.51	
1. NAME OF DECEASED (Type or Print)		Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
3. PLACE OF DEATH: a. Baltimore City, Maryland		Baltimore		A. STATE Maryland B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION		Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
D. STREET ADDRESS		1633 Little Walsh St		14-02	
E. LENGTH OF STAY IN BALTIMORE		Yrs. Mos. Days		8. DATE OF BIRTH 11.22.1890	
5. SEX M.		6. COLOR OR RACE Col.		9. AGE (In years, Months, Days) 50 60 11 15	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balt. MD	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Alexander Gail		14. MOTHER'S MAIDEN NAME Elizabeth Payne		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT		18. CAUSE OF DEATH	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		Chr. Alcoholism			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10.4.1951 to 10.7.1951, that I last saw the deceased alive on 10.7.1951, and that death occurred at 440 a.m., from the causes and on the date stated above.		23A. SIGNATURE D. G. Goniondru		23B. ADDRESS Provident Hospital	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 10-10-51		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
24D. LOCATION (City, town, or county)		Baltimore		24E. DATE SIGNED 10.7.51	
24F. DATE RECEIVED BY LOCAL REGISTRAR		24G. REGISTRAR'S SIGNATURE		24H. FUNERAL DIRECTOR	
OCT 8 1951		24I. ADDRESS		24J. ADDRESS	
VS 150		97099		82a	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8651  
Registered No. 51 8651

362  
51 8651  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Sidney Strauss</i>			2. DATE OF DEATH <i>Oct 8, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balt City</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>13-21</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Esplanade Apts</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt</i>		
C. Length of stay in Baltimore <i>77 years</i>			D. STREET ADDRESS (If rural, give location) <i>Eutaw place &amp; Druid Park</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Oct 31, 1873</i>		9. AGE (in years last birthday) <i>77</i>
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Refined</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Buy and Merchant</i>		11. BIRTHPLACE (State or foreign country) <i>Balt MD</i>
13. FATHER'S NAME <i>Louis Strauss</i>			14. MOTHER'S MAIDEN NAME <i>Adele Nelson</i>		
16. SOCIAL SECURITY NO.			17. INFORMANT <i>Mrs. Adele &amp; Louis Esplanade</i>		
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			12. CITIZEN OF WHAT COUNTRY?		

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) <i>Congestive heart failure</i> DUE TO <i>Arteriosclerosis; arteriosclerotic heart disease</i>		<i>Two weeks</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Cerebral hemorrhage - hemiparesis, left</i> DUE TO <i>Cerebral arteriosclerosis</i>		<i>3 1/2 years</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June</i> , 19 <i>48</i> , to <i>October 7</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>7 Oct.</i> , 19 <i>51</i> , and that death occurred at <i>3 A.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Louis Hamburger Jr.</i>		23B. ADDRESS <i>1207 Eutaw Place</i>		23C. DATE SIGNED <i>8 Oct. 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Oct 9, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Bethel Mount</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. STATE <i>MD</i>		25. FUNERAL DIRECTOR <i>David L. Martin</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 8 1951</i>		REGISTRAR'S SIGNATURE <i>Frederick Williams</i>		25. FUNERAL DIRECTOR <i>David L. Martin</i>	

*[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. The text is mirrored and difficult to decipher.]*



50  
1 8652BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8652

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>KARL F. HOLLAN</b>		2. DATE OF DEATH <b>October 7 1951</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Md.</b> b. COUNTY <b>Pr. George</b>				
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Pine Crest Sanatorium</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>College Park</b>				
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <b>4906 - 48th. Rd. 6600</b>				
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 26, 1867</b>	9. AGE (in years, last birthday) <b>84</b>	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Blacksmith</b>		11. BIRTHPLACE (State or foreign country) <b>Vienna, Austria</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Karl F. Hollan</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs. Julia E. Hollan- Above</b>		ADDRESS
18. <b>4500</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Generalized Arteriosclerosis</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Senility</b>		CAUSE OF DEATH (A) <b>Generalized Arteriosclerosis</b> DUE TO (B) DUE TO (C) <b>Senility</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b> <b>?</b>		
19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>Sept. 25</b> , 19 <b>51</b> , to <b>October 7</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>October 7</b> , 19 <b>51</b> , and that death occurred at <b>1020 P.M.</b> , from the causes and on the date stated above.						
23a. SIGNATURE <b>Melvin N. Borden</b> M. D.		23b. ADDRESS <b>5000 OLD FREDERICK ROAD</b>		23c. DATE SIGNED <b>10/7/51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10/9/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fort Lincoln</b>		
24d. LOCATION (City, town, or county) (State) <b>Pr. George Co., Md.</b>		24e. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 8 1951</b>		24f. REGISTRAR'S SIGNATURE <b>William H. Williams</b>		
24g. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 8 1951</b>		24h. REGISTRAR'S SIGNATURE <b>William H. Williams</b>		24i. FUNERAL DIRECTOR <b>Francis Gaseh &amp; Sons. Hyattsville Md.</b>		

MEDICAL CERTIFICATION



RECEIVED

JAN 10 1964

FBI - NEW YORK

FROM: SAC, NEW YORK

TO: DIRECTOR, FBI

SUBJECT: [REDACTED]

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340  
1 8653  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8653

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>GEORGE H. HITTEL</b>		2. DATE OF DEATH <b>OCT. 5-1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>2242 W. Lexington St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>2242 West Lexington Street</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	10. DATE OF BIRTH <b>Feb. 17-1894</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Car-man Helper</b>		12. AGE (In years last birthday) Months Days Hours Min. <b>57</b>	
13. FATHER'S NAME <b>Frank H. Hittel</b>		14. BIRTHPLACE (State or foreign country) <b>Baltimore Maryland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
17. SOCIAL SECURITY NO. <b>705-07-8774</b>		18. MOTHER'S MAIDEN NAME <b>Margaret B. Miller</b>	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>ARTERIO SCLEROTIC CARDIO VASCULAR DISEASE</b> DUE TO <b>CONGESTIVE FAILURE</b> (B) <b>PEREMIA</b> DUE TO <b>CEREBRAL</b> (C) _____		INTERVAL BETWEEN ONSET AND DEATH	
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
22. DATE OF OPERATION <b>10/6/51</b>		23. MAJOR FINDINGS OF OPERATION	
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
26. TIME (Month) (Day) (Year) (Hour) INJURY		27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
28. TIME (Month) (Day) (Year) (Hour) INJURY		29. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
30. HOW DID INJURY OCCUR?			
31. I hereby certify that I attended the deceased from <b>10/5/51</b> , 19 <b>51</b> , to <b>10/6/51</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10/6/51</b> , 19 <b>51</b> , and that death occurred <b>11: P.m.</b> , from the causes and on the date stated above.			
32. SIGNATURE <b>John B. Shaw</b> M. D.		33. ADDRESS <b>201 Cherry Creek 10/8/51</b>	
34. SIGNATURE <b>John B. Shaw</b> M. D.		35. ADDRESS <b>201 Cherry Creek 10/8/51</b>	
36. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		37. DATE <b>Oct. 9/1951</b>	
38. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cem.</b>		39. LOCATION (City, town, or county) (State) <b>Baltimore Maryland</b>	
40. DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 8 1951</b>		41. REGISTRAR'S SIGNATURE <b>W. J. Williams</b>	
42. FUNERAL DIRECTOR <b>F. B. Wippert &amp; Son</b>		43. ADDRESS <b>1300 Eutaw Pl. 17</b>	

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OUT 5-1973

GEORGE W. HINCH

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1. NAME OF DECEASED (Type or Print) <b>Susan E. Taylor</b>		2. DATE OF DEATH <b>Oct. 6, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Baltimore Md.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>2434 Edmondson Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 16-05</b>	
D. STREET ADDRESS (If rural, give location) <b>2434 Edmondson Ave.</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 2, 1889</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoemaker Sales</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>62</b>
11. BIRTHPLACE (State or foreign country) <b>Reading Pa</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Abraham Schneider</b>		14. MOTHER'S MAIDEN NAME <b>Mary</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>123-07-4041</b>	
17. INFORMANT <b>Charles E. Taylor</b>		ADDRESS <b>2434 Edmondson Ave.</b>	
18. <b>4201</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CORONARY DISEASE</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Inspection</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
23A. SIGNATURE <b>Wm. H. Rammer, Jr.</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	
23C. DATE SIGNED <b>Oct. 6, 1951</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10-9-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore H. S. Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 9 1951</b>		25. FUNERAL DIRECTOR <b>Edward J. Jurek</b>	
REGISTRAR'S SIGNATURE <b>Wm. H. Rammer, Jr.</b>		ADDRESS <b>2503 Edmondson Ave.</b>	

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51 8655

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8655

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mr. Francis Patrick Tierney

2. DATE  
OF

DEATH Oct. 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Length of stay in Baltimore

15 yrs  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married (?)

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR  
INDUSTRY

Unknown

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL  
SECURITY NO.  
?

8. DATE OF BIRTH

3-22-87

9. AGE (in years  
last birthday)

64

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

6 12

11. BIRTHPLACE (State or foreign country)

Montreal, Canada

12. CITIZEN OF  
WHAT COUNTRY?

?

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

Hospital Records-1400 N. Caroline St  
Balto: Md.

ADDRESS

18.

199.8

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Carcinomatosis --origin not  
DUE TO determined

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO .....  
(C) .....INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 8/28/ 19 51 to 10/4/ 19 51 that I last saw the  
deceased alive on 10/4/ 19 51 and that death occurred at 10:00 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline Street

10/4/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-9-1951

24C. NAME OF CEMETERY OR CREMATORY

Most Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Belair Rd. Balto: Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

George J. Ruth, Inc. - 1733-35 Harford Avenue  
Baltimore, Md.





51 8656

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8656

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Norman C. Johnson

2. DATE  
OF  
DEATH

10/7/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Franklin Square Hosp.

C. Length of stay in Baltimore

24

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18. 002X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Advanced Consolidated 20 days  
Respiratory pneumonia

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Post op. Pulmonary Atelectasis 17 days

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Tuberculous meningitis 7 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 9/14, 1951, to 10/7, 1951, that I last saw the  
deceased alive on 10/7, 1951, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Robert S. Chamber

M. D.

Franklin Square Hosp

10/8/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 9 1951

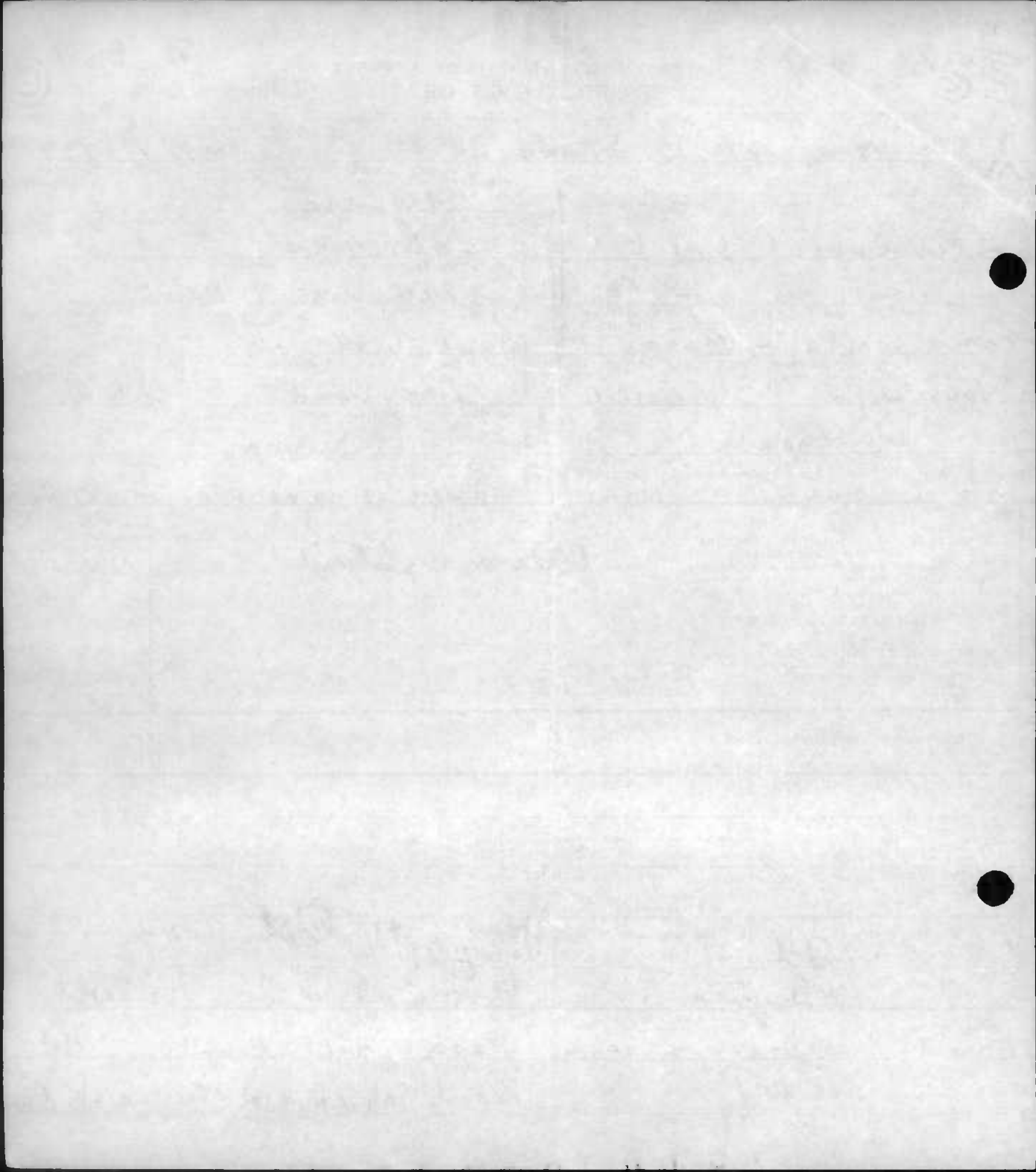
H. Taylor Williams, M.D.

Holloway &amp; Co. Salisbury, Md

14

1210





# CERTIFICATE CORRECTED 10-19-51

51 8658

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 8658

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>AGNES FRANCES <del>ENGLEHARDT</del> ENGELHARDT</b>			2. DATE OF DEATH <b>Oct. 6, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>BALTIMORE</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hood Nursing Home</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore Catonsville</b>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>219 Preston Ct. 5200</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>July 15, 1890</b>		9. AGE (In years last birthday) <b>-63 61</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seamstress</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Clothing</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Henry Englehardt Engelhardt (M)</b>			14. MOTHER'S MAIDEN NAME <b>Frances ?</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>One</b>	17. INFORMANT ADDRESS <b>Mrs. Patricia McFee 219 Preston Ct.</b>		

18. <b>334X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <b>Cerebral Arterio Sclerosis</b> DUE TO (B) <b>Generalized Arterio Sclerosis</b> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <b>3 yr</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>8-7-49</b> , 19__, to <b>10-6-51</b> , 19__, that I last saw the deceased alive on <b>10-6-51</b> , 19__, and that death occurred at <b>10 PM.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>James Estowree</b>		23B. ADDRESS <b>Catonsville</b>		23C. DATE SIGNED <b>10/8</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/9/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Louisa Pk. Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 9 1951</b>	REGISTRAR'S SIGNATURE <b>Wm. J. Tucker</b>	25. FUNERAL DIRECTOR <b>Wm. J. Tucker &amp; Sons Inc.</b>		ADDRESS <b>Balto Md</b>	

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450 51 8659

51 8659

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)3. PLACE OF DEATH:  
A. Baltimore City, MarylandB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

5. SEX  
6. COLOR OR RACE  
7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 704.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) \_\_\_\_\_

DUE TO

## ANTECEDENT CAUSES

(B) \_\_\_\_\_

DUE TO

(C) \_\_\_\_\_

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/2/57, to 10/8/57, that I last saw the  
deceased alive on 10/8, 1957, and that death occurred at 6:35 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

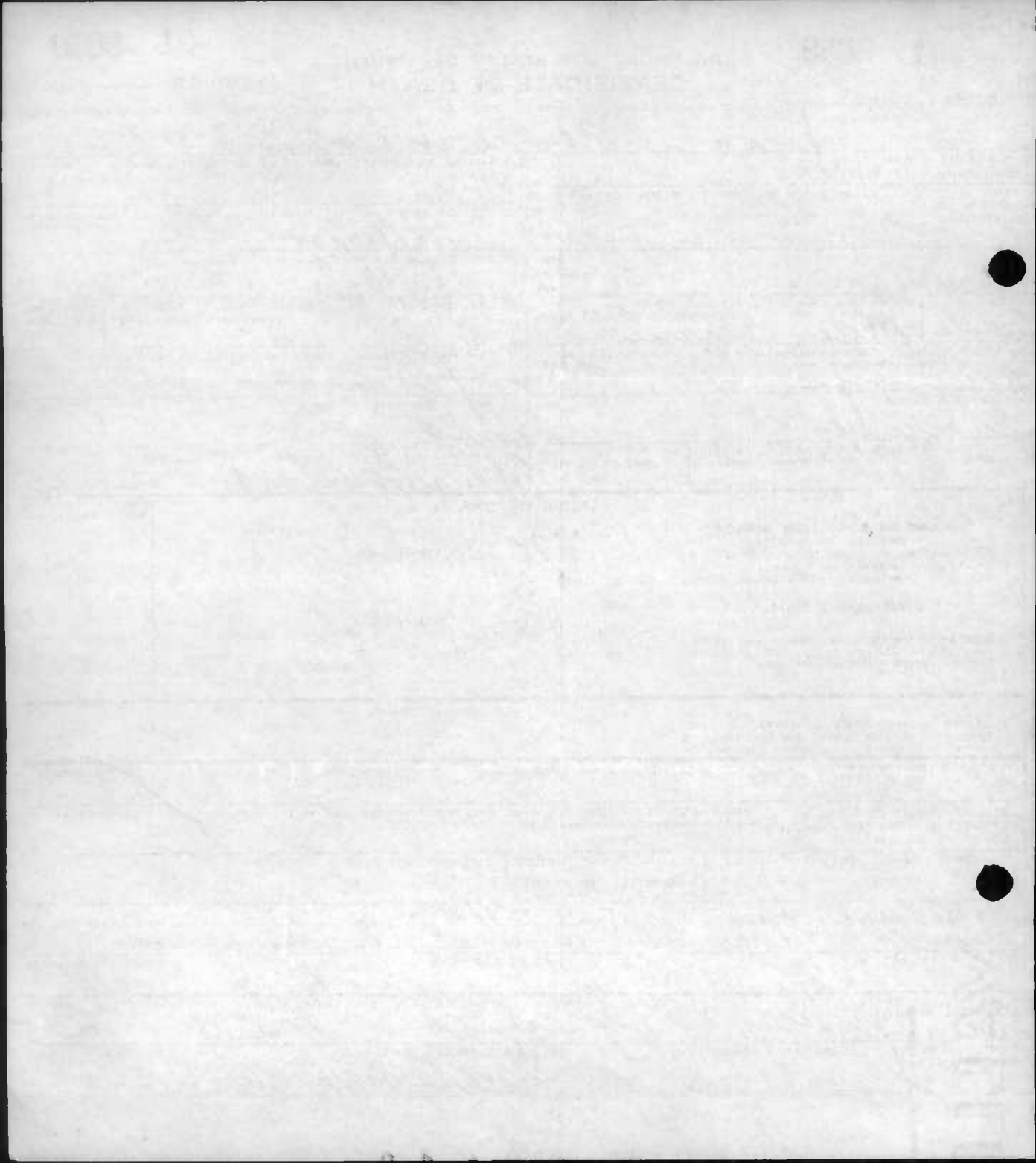
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS





51 8660

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8660

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOSEPH

WHALEN

2. DATE  
OF  
DEATH

Oct. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Franklin Square Hospital

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

4/1/1889

9. AGE (In years  
last birthday)

62

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Brakeman

10B. KIND OF BUSINESS OR  
INDUSTRY

Western Md.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Andrew M. Whalen

14. MOTHER'S MAIDEN NAME

Mary A. French

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Julia M. Whalen 1042 W. Lombard St.

18. 581.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Fatty liver

DUE TO chronic alcoholism

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE, (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

October 8, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/10/51

24C. NAME OF CEMETERY OR CREMATORY

New Catholic Cem. 4300 Old Frederick Rd.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John J. Lowan

25. FUNERAL DIRECTOR

John J. Lowan &amp; Son

ADDRESS

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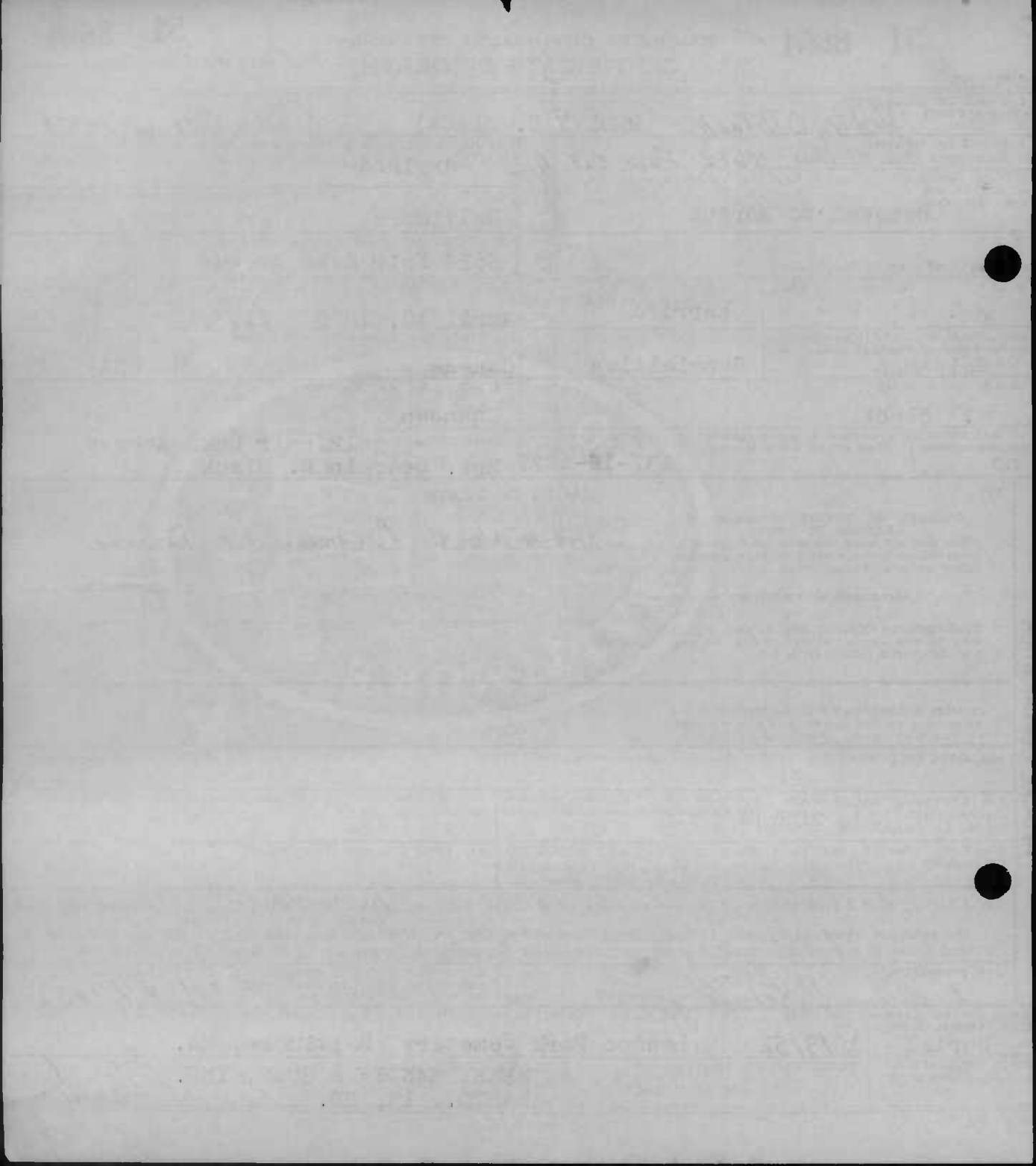
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51 8661		BALTIMORE CITY HEALTH DEPARTMENT		51 8661	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <u>Hedley C. Black</u>			2. DATE OF DEATH <u>Oct 6 1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>5612 Fair Oaks Ave</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Removed to Morgue</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>27-06</u>		
D. STREET ADDRESS (If rural, give location) <u>5612 Fair Oaks Avenue</u>			E. LENGTH OF STAY IN BALTIMORE Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 10, 1880</u>	9. AGE (In years last birthday) <u>71</u>	10. MONTHS, DAYS, HOURS, MIN. <u>0</u> <u>0</u> <u>0</u> <u>0</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Specialties</u>		
11. BIRTHPLACE (State or foreign country) <u>Canada</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>? Black</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>137-10-6277</u>		
17. INFORMANT <u>Mrs. Georgia B. Black</u>			18. CAUSE OF DEATH <u>Arteriosclerotic Cardiovascular Disease</u>		
19. DATE OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>William V. Loretto</u>			23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		
24A. BURIAL, CREMA-TION, REMOVAL (Specify) <u>burial</u>			24B. DATE <u>10/9/51</u>		
24C. NAME OF CEMETERY OR CREMATORY <u>Loudon Park Cemetery</u>			24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>Oct 9 1951</u>			REGISTRAR'S SIGNATURE <u>William V. Loretto</u>		
25. FUNERAL DIRECTOR <u>HENRY SANDER &amp; SONS, INC.</u>			ADDRESS <u>BALTO., 13, MD.</u>		
VS 151 <u>49069</u> <u>937</u>					



200		51 8662		CERTIFICATE CORRECTED 10-22-51		51 8662			
BALTIMORE CITY HEALTH DEPARTMENT				Registered No.					
BIRTH NO.				CERTIFICATE OF DEATH					
1. NAME OF DECEASED (Type or Print)				EDNA May HAX		2. DATE OF DEATH Oct. 7, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY					
B. FULL NAME OF (If not in hospital or institution, give street address or location) Maryland General Hospital Baltimore City Morgue				C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 11-04					
C. Length of stay in Baltimore Life Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1324 Eutaw Place					
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Nov. 19, 1888			
						9. AGE (In years last birthday) 62			
						10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) teacher			
						11. BIRTHPLACE (State or foreign country) Baltimore, Md.			
						12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Louis Hax				14. MOTHER'S MAIDEN NAME Josephine Michel					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown) no				16. SOCIAL SECURITY NO. 17. INFORMANT 515 N. Gay Street Mr. Harry M. Hax					
18. 4221 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH (A) Arteriosclerotic cardiovascular disease DUE TO (B) DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>				21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .									
23A. SIGNATURE Stanley B. Dineen				23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR				23C. DATE SIGNED October 8, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 10/10/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., 13, MD. Sander					
VS 151		0528		8651		937			

OFFICE OF THE SECRETARY

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51 8663

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8663  
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <b>HERESA E. MALINOSKI</b>			2. DATE OF DEATH <b>10-7-51</b>			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Ind.</b> B. COUNTY						
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1210 S. Ellwood Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto.</b>						
6. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>1210 S. Ellwood Ave.</b>						
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE (MARRIED), WIDOWED, DIVORCED (Specify) <b>M.</b>		8. DATE OF BIRTH <b>10-1-01</b>		9. AGE (In years, last birthday) <b>50</b>		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>—</b>			11. BIRTHPLACE (State or foreign country) <b>Balto. Ind.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Robt. Lisak</b>			14. MOTHER'S MAIDEN NAME <b>Koscielniak</b>			17. INFORMANT <b>Anthony M. Malinoski</b>			ADDRESS <b>same</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>—</b>			16. SOCIAL SECURITY NO. <b>—</b>			17. INFORMANT <b>Anthony M. Malinoski</b>			ADDRESS <b>same</b>

18. <b>420.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) ANTECEDENT CAUSES		DUE TO <b>Acute Coronary Thrombosis</b>		<b>acute</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO <b>Coronary Artery Disease</b>		<b>5 mos</b>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			

19A. DATE OF OPERATION <b>10-11-51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Aug-1</b> , 19 <b>51</b> , to <b>Oct 7</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Oct 6</b> , 19 <b>51</b> , and that death occurred at <b>3 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Max J. Temple</b>		23B. ADDRESS <b>1007 E. Pratt St.</b>		23C. DATE SIGNED <b>10/9/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>B.</b>		24B. DATE <b>10-11-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>St. Stanislaus Dundalk Ave. Ind.</b>	
24D. LOCATION (City, town, or county) (State) <b>B.</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 9 1951</b>		24F. REGISTRAR'S SIGNATURE <b>Stanton M. Williams</b>	
24G. FUNERAL DIRECTOR <b>John J. Duda, Inc.</b>		24H. ADDRESS <b>2829 Hudson</b>		24I. VS 150	

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CERTIFICATE OF DEATH

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51 8664

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8664

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EUGENIA CHEATHAM

2. DATE  
OF  
DEATH

10-5-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

UNIVERSITY

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore - 17 14-02

D. STREET ADDRESS (If rural, give location)

578 WILSON ST

Length of stay in Baltimore

Yrs.  
Mos.  
Days5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

F

C

SINGLE

8. DATE OF BIRTH

1889

9. AGE (In years  
last birthday)

62

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Mosley, Va.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Marcella Cheatham

14. MOTHER'S MAIDEN NAME

Marcella

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No.

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mar J. Cheatham. 804 Appleton St

18. 181X and 02X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A) ① Peritonitis of Bladder  
DUE TO ② Lethal Anemias, etc.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1-51, 1951, to 10-5-51, 1951, that I last saw the  
deceased alive on 10-5-51, 1951, and that death occurred at 7:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Gorge

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

10-5-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

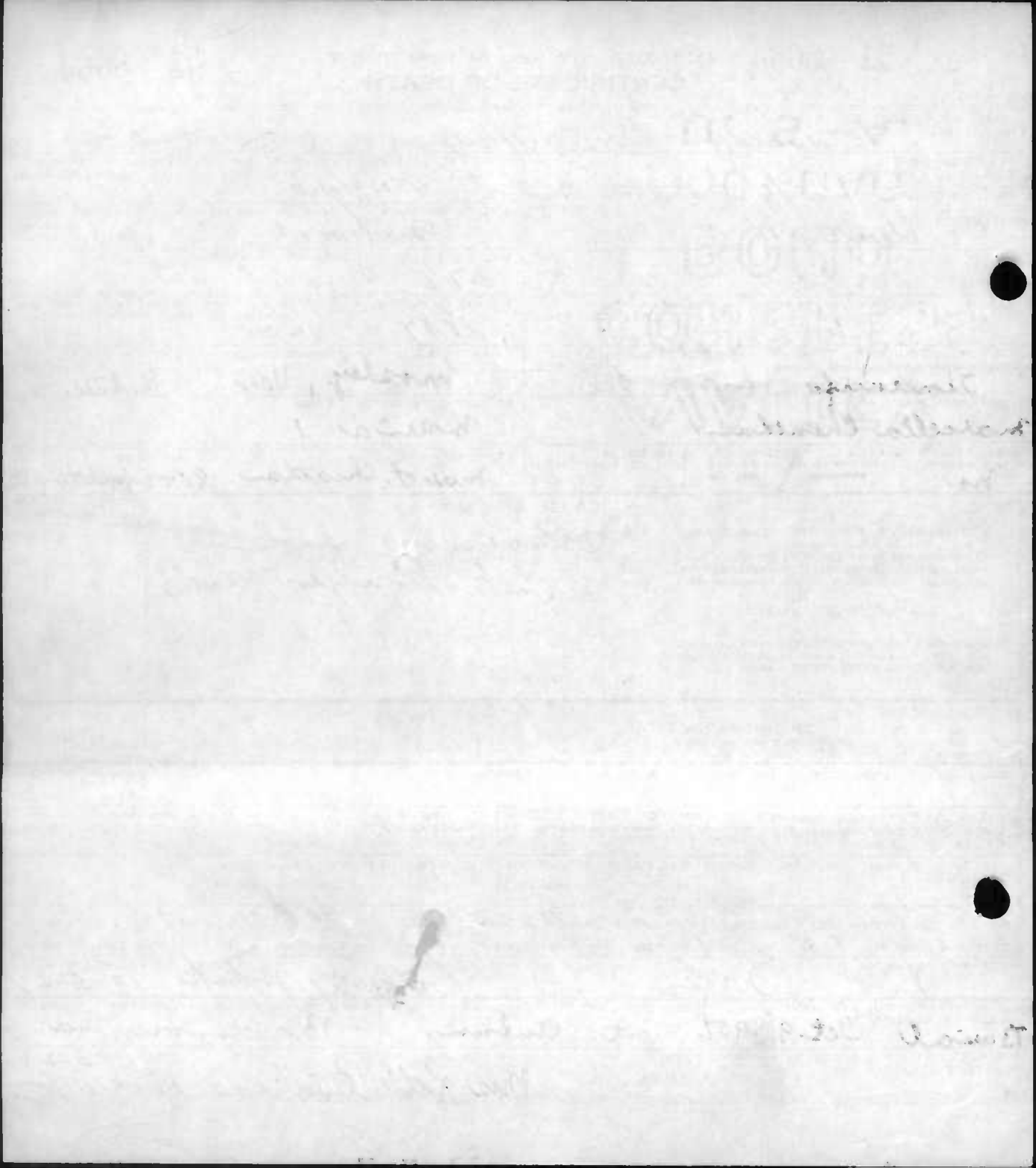
REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Mrs Katie Williams Schwab St.



51 8665  
Registered No. \_\_\_\_\_

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Floyd Spencer						2. DATE OF DEATH 10-4-51			
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Length of stay in Baltimore 3days?						D. STREET ADDRESS (If rural, give location) 146 High St.			
5. SEX M		6. COLOR OR RACE N		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 1-1-1			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (in years last birthday) 75?			
11. FATHER'S NAME ?				12. CITIZEN OF WHAT COUNTRY? Virginia		13. MOTHER'S MAIDEN NAME ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.			
I. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						(A) Carcinoma of the Esophagus DUE TO  (B) DUE TO  (C)		INTERVAL BETWEEN ONSET AND DEATH Unknown	
19A. DATE OF OPERATION 10		19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
I hereby certify that I attended the deceased from 10-1-1951, to 10-4-1951, that I last saw the deceased alive on 10-4-1951, and that death occurred at 2:05 P.m., from the causes and on the date stated above.									
23A. SIGNATURE [Signature]		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 10-8-51					
24A. BURIAL, CREMATION REMOVAL (Specify) Burial		24B. DATE 10-9-51		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn Md			
DATE RECEIVED BY LOCAL REGISTRAR OCT 9 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR Choy o. Wilson 1000 Brantly					

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220  
51 8666BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8666

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William Wossowski

2. DATE  
OF  
DEATH

10-8-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Merry Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

16-06

D. STREET ADDRESS (If rural, give location)

614 Ashburton St.

Length of stay in Baltimore

66

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 13, 1874

9. AGE (In years  
last birthday)

77

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired (?)

10B. KIND OF BUSINESS OR  
INDUSTRY

Western Md. Dairy

13. FATHER'S NAME

Wm. Frederick Wossowski

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

UNK.

NO

16. SOCIAL  
SECURITY NO.

215-10-3645

17. INFORMANT

ADDRESS

HARRY TOMPKINS 614 ASHBURTON ST.

18. 154X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cardiac failure

2 days.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

Arteriosclerotic C.V.D.

?

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Ca of rectum  
Post-op. Abdomino-perineal resection for

?

19A. DATE OF OPERATION

Oct. 5, 1951

19B. MAJOR FINDINGS OF OPERATION

Adenocarcinoma of rectum

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 28, 1951, to Oct. 8, 1951, that I last saw the  
deceased alive on Oct. 8, 1951, and that death occurred at 5:25 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. H. Shea

M. D.

23B. ADDRESS

Merry Hosp.

23C. DATE SIGNED

10-8-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/11/51

24C. NAME OF CEMETERY OR CREMATORY

LODOW PARK

24D. LOCATION (City, town, or county)

BALTIMORE

MD

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 9 1951

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

ADDRESS

John T. STANBURY 2700 Edmondson.



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51 8667

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8667  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY WEAVER PHIPPS

2. DATE  
OF  
DEATH

Oct. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

4008 Kathland Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-10.

D. STREET ADDRESS (If rural, give location)

4008 Kathland Ave.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 20, 1893

9. AGE (In years  
last birthday)

58

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Weaver

14. MOTHER'S MAIDEN NAME

Amelia Dill

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

r. S. Howard Phipps 4008 Kathland Ave.

18. 420.1 I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) arterio sclerosis

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHabout  
4 hrs.

?

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1949 to Oct 6, 1951 that I last saw the  
deceased alive on Aug. 10, 1951 and that death occurred about 6 hrs. from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

2220 Garrison Blvd.

23C. DATE SIGNED

10/8/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/9/51

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Pk.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

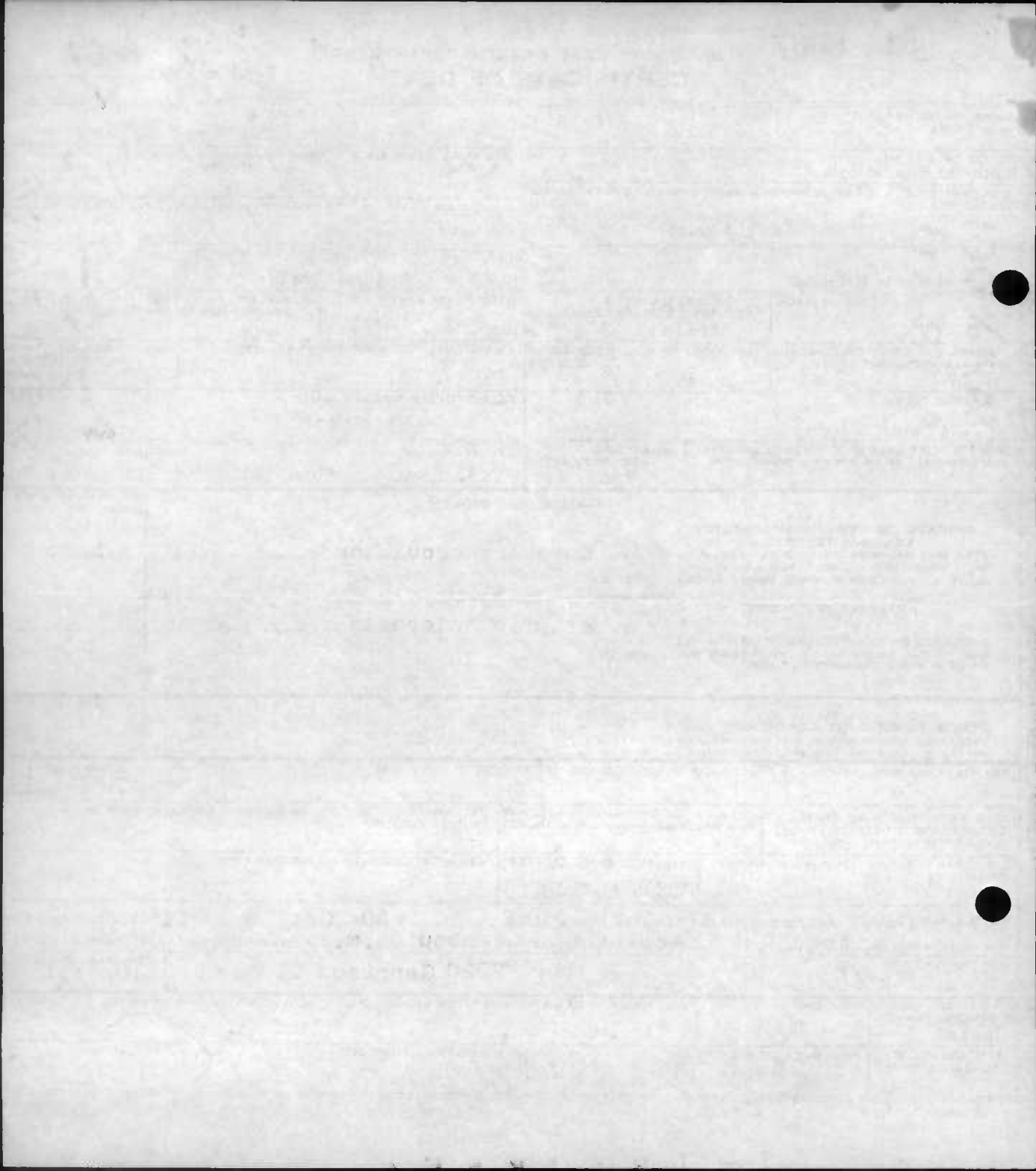
ADDRESS

OCT 9 1951

VS 150

Mr. J. Tucker, Inc. Balto. Md.

94a



235  
51 8668BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8668  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>LOUIS DISTANCE</b>		2. DATE OF DEATH <b>OCT 8 - 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>JOHNS HOPKINS HOSPITAL</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 10-02</b>	
Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>712 N. Spring St.</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>8-31-99</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Sec</b>	9. AGE (In years last birthday) <b>52</b>
11. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Samuel Distance</b>		14. MOTHER'S MAIDEN NAME <b>Carrie Young</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>	

18. <b>593X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Chromoblastomycosis</b> CAUSE OF DEATH (A) ..... DUE TO (B) ..... DUE TO (C) .....	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>✓</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>9-24-1951</b> to <b>10-8-1951</b> , that I last saw the deceased alive on <b>10-8-1951</b> , and that death occurred at <b>320 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>John Collins Hanes</b> M. D.		23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>		23C. DATE SIGNED <b>10-8-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct 11/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary</b>	24D. LOCATION (City, town, or county) (State) <b>A. A. County Md.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 9 1951</b>	REGISTRAR'S SIGNATURE <b>W. H. Williams</b>	25. FUNERAL DIRECTOR ADDRESS <b>Mrs. L. A. Elliot &amp; Daugherty</b> <b>97099 1129775 Caroline St 130</b>			

12-3-79

VIEW FROM THE TOP OF THE MOUNTAIN

12-3-79

12-3-79

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100  
51 8669BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8669  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Ella F. Lippy</i>		2. DATE OF DEATH <i>Oct 8, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>4228 Sheldon ave</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Balto</i>			
5. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		D. STREET ADDRESS (If rural, give location) <i>4228 Sheldon ave</i>	
6. Length of stay in Baltimore <i>Life</i>		Yrs. <i>Life</i> Mos. <i>Life</i> Days <i>Life</i>		8. DATE OF BIRTH <i>Feb. 2, 1881</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		9. AGE (In years last birthday) <i>70</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	
11. BIRTHPLACE (State or foreign country) <i>Balto</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>James E. Hallon</i>	
14. MOTHER'S MAIDEN NAME <i>Armworthy</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT <i>John F. Lippy</i>		ADDRESS <i>4228 Sheldon ave</i>		18. <i>443 X</i>	
CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
(A) <i>Cerebral Hemorrhage</i>		<i>9 hrs</i>			
DUE TO					
(B) <i>Hypertensive Cerebrovascular Disease</i>		<i>many years</i>			
DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan</i> , 1949, to <i>Oct 8</i> , 1951, that I last saw the deceased alive on <i>Oct 8</i> , 1951, and that death occurred at <i>4:20 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Max R. Englich</i>		23B. ADDRESS <i>5713 Belair Rd</i>		23C. DATE SIGNED <i>Oct 9, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct 11, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	
24D. LOCATION (City, town, or county) <i>Balto</i>		24E. (State) <i>Md</i>		25. FUNERAL DIRECTOR <i>A. Howard Evers</i>	
25. LOCAL REGISTRAR <i>Oct 9 1951</i>		REGISTRAR'S SIGNATURE <i>Antoinette Williams</i>		ADDRESS <i>1400 S. Charles St</i>	

Q. 100

Q. 100

Q. 100

Q. 100



30  
1 8670

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8670

1. NAME OF DECEASED (Type or Print) Orville E. Ford		2. DATE OF DEATH October 8, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 718 W. West Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-01	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 718 W. West Street	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 11, 1883
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Roofer	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ---		14. MOTHER'S MAIDEN NAME ---	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Lottie Slaughter, 820 Mangold Street		ADDRESS	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.) Malignancy, apparently primary in the lung and extending out through the anterior thoracic lung. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. INTERVAL BETWEEN ONSET AND DEATH ? 19. DATE OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Aug. 13, 1951 to Oct. 8, 1951 that I last saw the deceased alive on Oct. 7, 1951, and that death occurred at 7 Am., from the causes and on the date stated above. 23A. SIGNATURE Harry Deibel 23B. ADDRESS 1226 Hanover Street, M. D. 23C. DATE SIGNED 10/8/51 24A. BURIAL, CREMATION, REMOVAL (Specify) burial 24B. DATE 10/11/51 24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery 24D. LOCATION (City, town, or county) (State) Anne Arundel County, Maryland DATE RECEIVED BY LOCAL REGISTRAR OCT 9 1951 REGISTRAR'S SIGNATURE C. Williams 25. FUNERAL DIRECTOR Wm. Cook, Inc. ADDRESS 1217 St. Paul Street			

581 24

47D

VALLEY  
CONGREGATIONAL  
BOND

053  
51 8671BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8671  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

9. AGE (In years last birthday)

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to 10/8/51, that I last saw the deceased alive on 10/8/51, 19 and that death occurred at 6:20 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

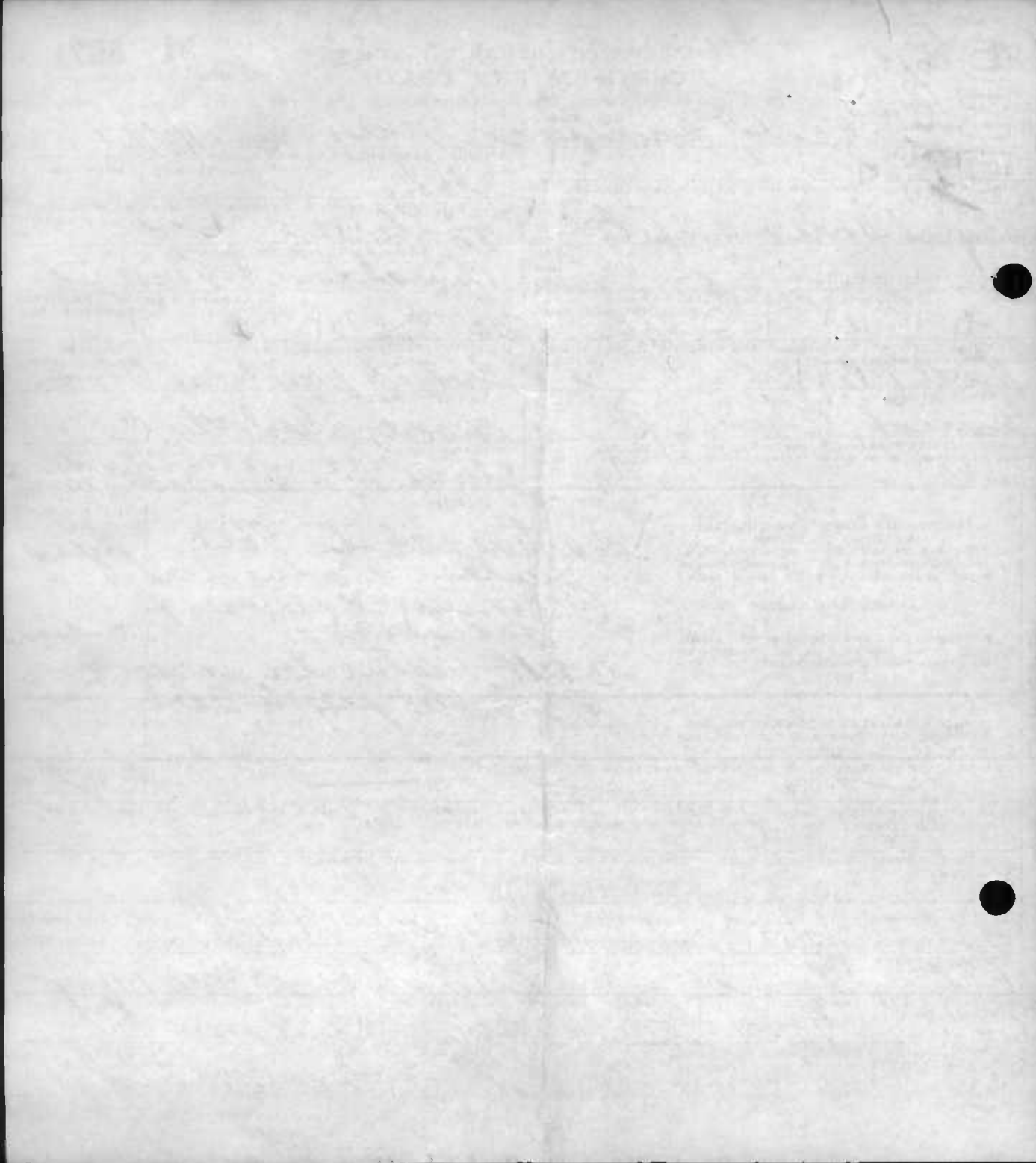
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



655

51 8672

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8672  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Charles C. Harryman

2. DATE  
OF  
DEATH

Oct. 6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, give RURAL and give township)

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

3001 Bowley's Lane

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 29/1871

9. AGE (In years  
last birthday)

80

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, or as if retired)

Millwork

10B. KIND OF BUSINESS OR  
INDUSTRY

retired

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Charles C. Harryman

14. MOTHER'S MAIDEN NAME

Elizabeth Pottel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

Mrs. Mary Harryman

ADDRESS 3001

Bowley Lane

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Ch. myocarditis

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

6 years

ANTECEDENT CAUSES

(B)

Arterio Sclerosis

DUE TO

Ch. hypertension

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1945, to Oct 6, 1951, that I last saw the deceased alive on Oct 6, 1951, and that death occurred at 9 P m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Harding

23B. ADDRESS

3805 Belair Rd

23C. DATE SIGNED

Oct 8/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/10/51

24C. NAME OF CEMETERY OR CREMATORY

Jerusalem

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 9 1951

REGISTRAR'S SIGNATURE

J. S. Harding

25. FUNERAL DIRECTOR

Philip Herwig Sons

ADDRESS 2024

Orleans St

VS 150

93D





400  
8673BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8673

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Emma Hall		2. DATE OF DEATH October 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1350 N. Washington St.		4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) A. STATE Md.	
5. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-07	
6. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location) 1350 N. Washington St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 21, 1864
9. AGE (In years, last birthday) 87 yrs		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. FATHER'S NAME Henry Penschmidt		13. MOTHER'S MAIDEN NAME Catherine Tangel	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or (unknown)		15. SOCIAL SECURITY NO.	
16. INFORMANT Kate Tangel - 1350 N. Washington St.		ADDRESS	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral accident DUE TO (B) Atherosclerosis DUE TO (C) Coronary atherosclerosis INTERVAL BETWEEN ONSET AND DEATH 5 days			
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1951, to Oct. 7, 1951, that I last saw the deceased alive on Oct 5, 1951, and that death occurred at 4:30 Am., from the causes and on the date stated above.			
23A. SIGNATURE Donald L. Richter		23B. ADDRESS 1706 N. Washington St.	
23C. DATE SIGNED 10/8/51		24A. BURIAL, CREMATION, REMOVAL (Specify) Buried	
24B. DATE Oct. 10, 51		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem North Ave. Baltimore	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR John C. Melby Inc. 2435 E. Olney St.	
LOCAL REGISTRAR CF 9 1951		REGISTRAR'S SIGNATURE Huntington Williams	



CONFIDENTIAL

SECRET

CONFIDENTIAL

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CONFIDENTIAL

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CONFIDENTIAL

SECRET

CONFIDENTIAL

SECRET

536  
8674BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8674

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>margaret ann. anderson</i>		2. DATE OF DEATH <i>Oct. 6, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1219 Cloverdale Rd</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
6. Length of stay in Baltimore <i>50 years</i>		D. STREET ADDRESS (If rural, give location) <i>1219 Cloverdale Rd</i>	
7. SEX <i>7</i>	8. COLOR OR RACE <i>C</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>m</i>	10. DATE OF BIRTH <i>march 27, 1880</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		12. AGE (In years last birthday) <i>71</i>	
13. FATHER'S NAME <i>John Smith</i>		14. BIRTHPLACE (State or foreign country) <i>Pa.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>-</i>		16. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
17. SOCIAL SECURITY NO. <i>-</i>		18. MOTHER'S MAIDEN NAME <i>Jennie Johnson</i>	
19. INFORMANT <i>George Anderson</i>		ADDRESS <i>1219 Cloverdale Rd</i>	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Cerebral Hemiparesis -</i> DUE TO ANTECEDENT CAUSES (B) <i>arteriosclerosis +</i> DUE TO (C) <i>Hypertension</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i> <i>?</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>9-1-</i> , 19 <i>51</i> to <i>10-6</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>10-6</i> , 19 <i>51</i> , and that death occurred at <i>1219 m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Frank B. Johnson</i>		23B. ADDRESS <i>2224 Madison Ave</i>	
23C. DATE SIGNED <i>10-8-51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10-10-51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>mt auburn</i>		24D. LOCATION (City, town, or county) (State) <i>md</i>	
25. DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 9 1951</i>		25. REGISTRAR'S SIGNATURE <i>Walter J. Williams, Jr.</i>	
25. FUNERAL DIRECTOR <i>Geo. S. Nelson</i>		ADDRESS <i>1303 Prestman St</i>	

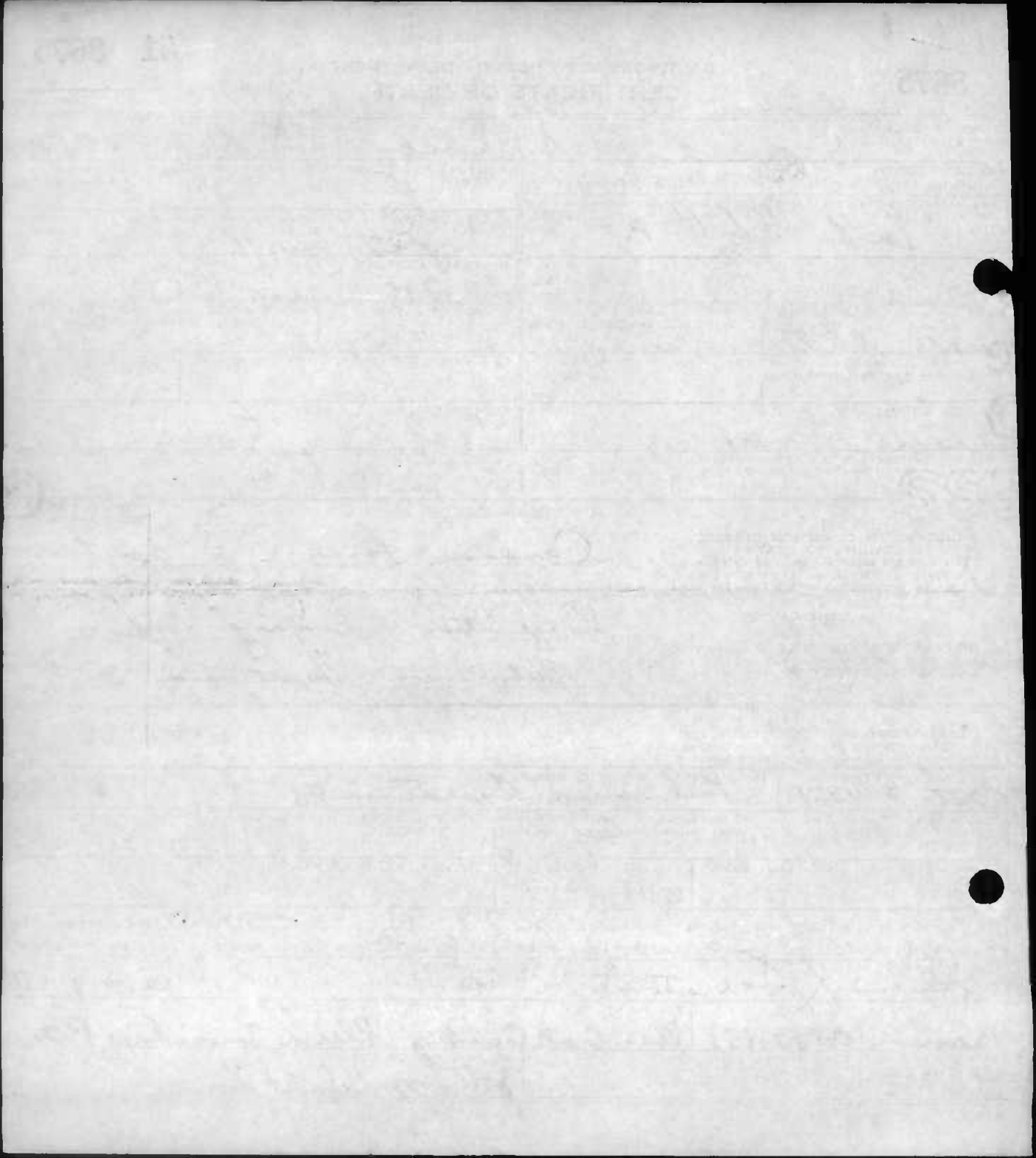


512  
8675BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8675

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Dorenda K. Sampson</i>		2. DATE OF DEATH <i>Oct. 9, 1951</i>	
3. PLACE OF DEATH: Baltimore City, Maryland <i>JOHNS HOPKINS HOSPITAL</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Pa.</i> B. COUNTY <i>V-35</i>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>Ped 11 Llt 2</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Pittsburgh</i>	
7. D. STREET ADDRESS (If rural, give location) <i>219 Orion St</i>		8. DATE OF BIRTH <i>6-11-51</i>	
9. AGE (In years last birthday) <i>3</i>		10. If Under 1 Year Months: Days <i>3</i>	
11. If Under 24 Hours Hours: Min. <i>2</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Glenn Sampson</i>		14. MOTHER'S MAIDEN NAME <i>Dorothy Louis</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	
18. 447X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Fibrine</i> DUE TO <i>Constitutional Primary Arterio</i> DUE TO <i>Pulmonary Hypertension with</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>Oct. 9, 1951</i>		19B. MAJOR FINDINGS OF OPERATION <i>Pulmonary Hypertension</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, place bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9-27-</i> , 1951, to <i>10-9-</i> , 1951, that I last saw the deceased alive on <i>10-9-</i> , 1951, and that death occurred at <i>10:20 AM</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>James J. Savatone</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>Oct 9, 1951</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct 13 1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Plum Creek Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Plum Township, Pa.</i>	
25. FUNERAL DIRECTOR <i>John O. Mitchell &amp; Sons</i>		ADDRESS	



635  
51 8676BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8676  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Grazia Nardone

2. DATE  
OF  
DEATH

Oct. 7 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 303 Newkirk St.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

26-07

D. STREET ADDRESS (If rural, give location)

303 Newkirk St.

C. Length of stay in Baltimore

44 Yrs.

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

13. FATHER'S NAME

Francesco Vasti

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

Dec. 6 1889

9. AGE (In years  
last birthday)

61

If Under 1 Year  
Months: Days

10

1

If Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Casalvecchio di Puglie (Italy)

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Olimpia Martellucci

17. INFORMANT

ADDRESS

Maria Tiburzi (Sister) 3402 Claremont St.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Melanoma Sarcoma

DUE TO

9 mo

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_

DUE TO

## II

(C) \_\_\_\_\_

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1951, to Oct 7, 1951, that I last saw the deceased alive on Oct 7, 1951, and that death occurred at 2:35 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Eugene R Evans

M. D.

23B. ADDRESS

1 Liberty Parkway

23C. DATE SIGNED

Oct 8, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 10 1951

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus Cemetery

24D. LOCATION (City, town, or county)

1300+ Dundalk Ave Balt. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Franklin Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Shaul DellaSalle 322 S. High St.

OCT 10 1951

VS 150

55E

CERTIFICATE OF DEATH

Doc. 1-10-1

Married

Single

Married

1901

61

Dec. 6

1901

White

Female

California (Los Angeles)

1901

Hospital

Death

San Francisco

Death (Cause) (Date) (Place)

Age

Sex

Marital

Place

Time

Signature

Witness

Registrar

Official

Signature

Witness

Registrar

Official

Signature

Witness



624

51 8677

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8677

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) **GEORGE WASHINGTON MARSHALL**

2. DATE OF DEATH **Oct. 9, 1951**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Virginia** B. COUNTY **V-48**

5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)  
**U.S. Public Health Service Hospital  
Baltimore, 11, Maryland**

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Saxis**

7. STREET ADDRESS (If rural, give location)

8. Length of stay in Baltimore **3 days** Yrs. Mos. Days

9. SEX **M** 10. COLOR OR RACE **W** 11. SINGLE, MARRIED, WIDOWED, OR FORCED (Specify) **Widower**

12. DATE OF BIRTH **?** 13. AGE (In years last birthday) **79** 14. If Under 1 Year Months Days 15. If Under 24 Hours Hours Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Seaman** 17. KIND OF BUSINESS OR INDUSTRY **Seafarer** 18. BIRTHPLACE (State or foreign country) **Va.** 19. CITIZEN OF WHAT COUNTRY? **USA**

20. FATHER'S NAME **Bill Zachy Marshall** 21. MOTHER'S MAIDEN NAME **?**

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **?** (If yes, give war or dates of service) 23. SOCIAL SECURITY NO. **?** 24. INFORMANT ADDRESS **Records- US PHS HOSPITAL, BALTO, MD.**

25. CAUSE OF DEATH

26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
**CEREBRAL ARTERIOSCLEROSIS Unknown**  
DUE TO **with hemorrhage and generalized atrophy**

27. ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
**Bronchopneumonia Unknown**  
DUE TO **Bronchopneumonia Unknown**

28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  
**Bronchopneumonia Unknown**

29. DATE OF OPERATION 30. MAJOR FINDINGS OF OPERATION 31. AUTOPSY? YES ☒ NO ☐

32. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

33. 21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

34. 22. I hereby certify that I attended the deceased from **Oct. 6, 1951**, to **Oct. 9, 1951**, that I last saw the deceased alive on **Oct. 9, 1951**, and that death occurred at **11A m.**, from the causes and on the date stated above.

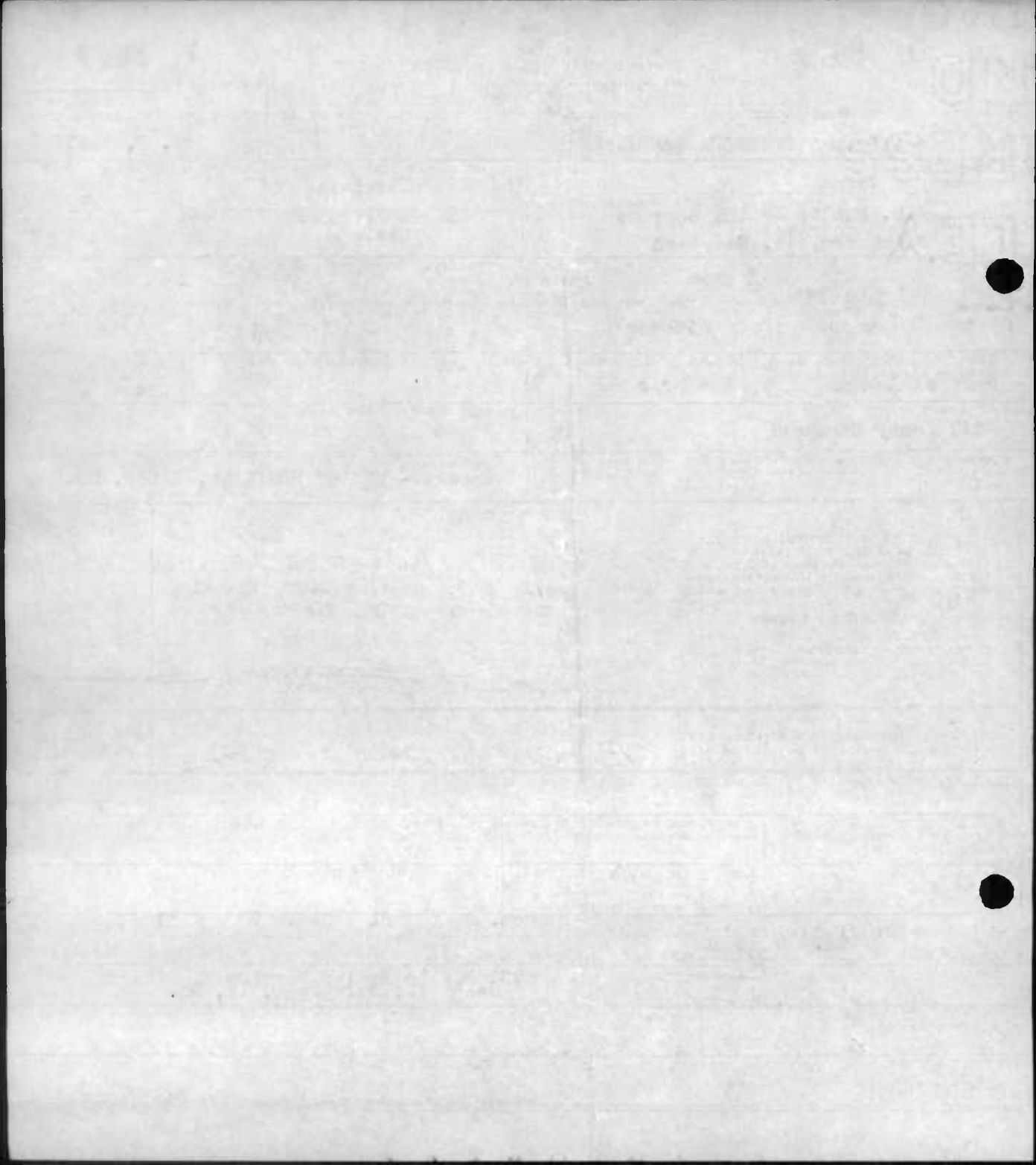
35. 23A. SIGNATURE **Shirley E. Stewart** M. D. **U.S. Public Health Service Hospital, Baltimore, 11, Md.** 23C. DATE SIGNED

36. 24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE **Oct. 11, 1951** 24C. NAME OF CEMETERY OR CREMATORY **ELLIS CEMETERY** 24D. LOCATION (City, town, or county) (State) **SAXIS, VIRGINIA**

37. DATE RECEIVED BY LOCAL REGISTRAR **OCT 10 1951** 38. REGISTRAR'S SIGNATURE **William J. Tichner** 39. FUNERAL DIRECTOR ADDRESS **William J. Tichner & Sons Balto, Md.**

VS 150

83a



51 8678

JL-151358

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8678  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Leonard Bracey

2. DATE  
OF  
DEATH

Aug. 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION(If not in hospital or institution, give street address or location)  
Baltimore City Hosp talk  
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE  
Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

Crownsville State Hospital.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B. C. Hosp. Records, 4940 Eastern Ave.

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Tuberculous Meningitis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

2 wks.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8-15-51, 19, to Aug. 27, 1951 that I last saw the deceased alive on Aug. 27, 1951 and that death occurred at 1.25 AM., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Rogers M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

9-1-51

4A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNIVERSITY MEDICAL SCHOOL SEP 18 1951

Commissioner of Health

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152-51 8679

51 8679

ND-151642

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

NAME OF DECEASED  
(Type or Print)

Louis Williams

2. DATE  
OF  
DEATH August 31, 1951

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF  
HOSPITAL OR  
INSTITUTIONBaltimore City Hospitals (location)  
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 22-02

D. STREET ADDRESS (If rural, give location)

700 Warner St.

1. Length of stay in Baltimore

35 Yrs.

SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

June 26, 1898

9. AGE (in years  
last birthday)

53

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF  
WHAT COUNTRY?

3. FATHER'S NAME

Jerry

(D)

14. MOTHER'S MAIDEN NAME

Frankie Kane (D)

5. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT Baltimore City Hospitals  
Records: 4940 Eastern Avenue

18. 023X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) G.I. Hemorrhage site not determined

2 Days

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Luetic Heart Disease

4 Yrs.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT  
WORK ☐ NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 8-25, 1951, to 8-31, 1951, that I last saw the  
deceased alive on 8-31, 1951, and that death occurred at 9 P. M., from the causes and on the date stated above.

23A. SIGNATURE

P.S. Rogers M.D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

9-11-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

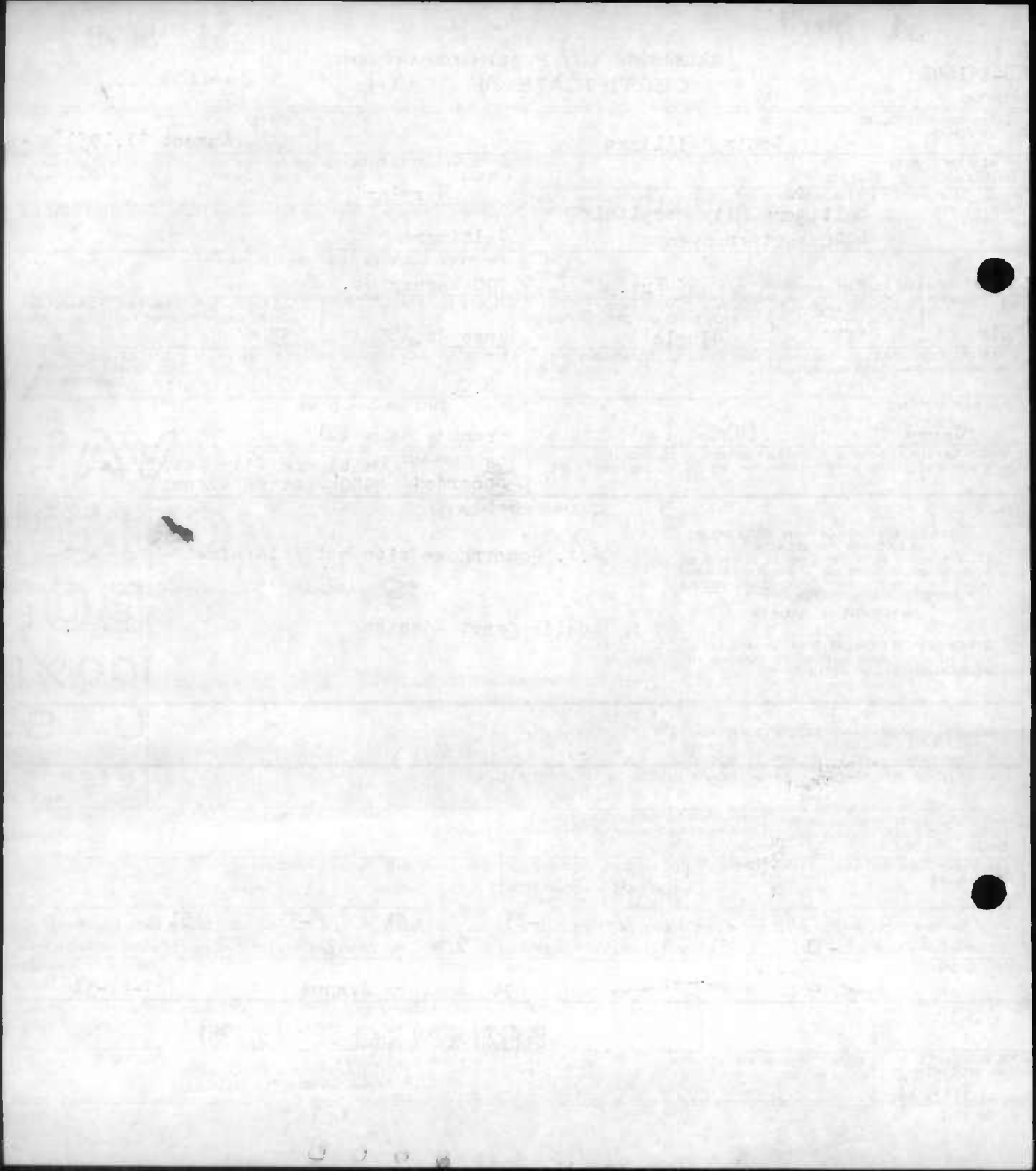
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNIVERSITY MEDICAL SCHOOL SEP 18 1951

Commissioner of Health



BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT  
**CERTIFICATE OF DEATH**

51 8680  
Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Rosella Hinds		August 26, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12	
6. Length of stay in Baltimore 6 Yrs.		D. STREET ADDRESS (If rural, give location) B.C.H. 4940 Eastern Avenue	
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	10. DATE OF BIRTH Jan. 25, 1879
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (In years last birthday) 72	
13. FATHER'S NAME General Hay		14. BIRTHPLACE (State or foreign country) Ohio	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY?	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME Thabita Doreh	
19. INFORMANT Records: Baltimore City Hospitals 4940 Eastern Avenue		20. ADDRESS	
19. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial degeneration with infarction DUE TO Generalized nephrosclerosis DUE TO INTERVAL BETWEEN ONSET AND DEATH 3 Mos. Yrs.			
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
22. DATE OF OPERATION 6-29-51		23. MAJOR FINDINGS OF OPERATION Fusion of the joint	
24. DATE OF AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. DATE OF OPERATION 6-29-51	
26. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		27. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		29. TIME (Month) (Day) (Year) (Hour) OF INJURY	
30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		31. HOW DID INJURY OCCUR?	
32. I hereby certify that I attended the deceased from 1-21, 1948, to 8-26, 1951, that I last saw the deceased alive on 8-26, 1951, and that death occurred at 7:55 p. m., from the causes and on the date stated above.			
33. SIGNATURE J. H. Doreh		34. ADDRESS M. D. 4940 Eastern Avenue	
35. DATE SIGNED 9-11-51		36. NAME OF CEMETERY OR CREMATORY	
37. BURIAL, CREMA- ON, REMOVAL (Specify)		38. DATE	
39. NAME OF CEMETERY OR CREMATORY		40. LOCATION (City, town, or county) (State)	
41. RECEIVED BY LOCAL REGISTRAR		42. REGISTRAR'S SIGNATURE J. H. Doreh	
43. FUNERAL DIRECTOR Commissioner of Health		44. ADDRESS	



NEWSPAPER OF THE DAY

FOR THE DAY

FOR THE DAY

NEWSPAPER OF THE DAY  
FOR THE DAY

51 8681

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8681  
Registered No.

BIRTH NO. 51-20646

1. NAME OF DECEASED (Type or Print) *Baby Boy Siota*

2. DATE OF DEATH *9-8-51*

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE *Maryland* B. COUNTY *Baltimore*

5. FULL NAME OF HOSPITAL OR INSTITUTION *Siota Hospital*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Balt. 31-3-01*

7. STREET ADDRESS (If rural, give location) *3002 Mason Circle*

8. DATE OF BIRTH *7-8-51*

9. AGE (In years last birthday) *1* If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME *Ellis Siota*

14. MOTHER'S MAIDEN NAME *Bette Dean*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. *770.2* I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

(A) *Cyathroblastosis*  
DUE TO *hepatomegaly & splenomegaly*

(B) *splenomegaly*  
DUE TO

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-8-4:34 A.M.* to *9-8-5:45 A.M.*, 19*51*, that I last saw the deceased alive on *9-8*, 19*51*, and that death occurred at *5:45 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE *A. Mandy*

23B. ADDRESS *615 Med Art Bldg*

23C. DATE SIGNED *9/19/51*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25. FUNERAL DIRECTOR ADDRESS

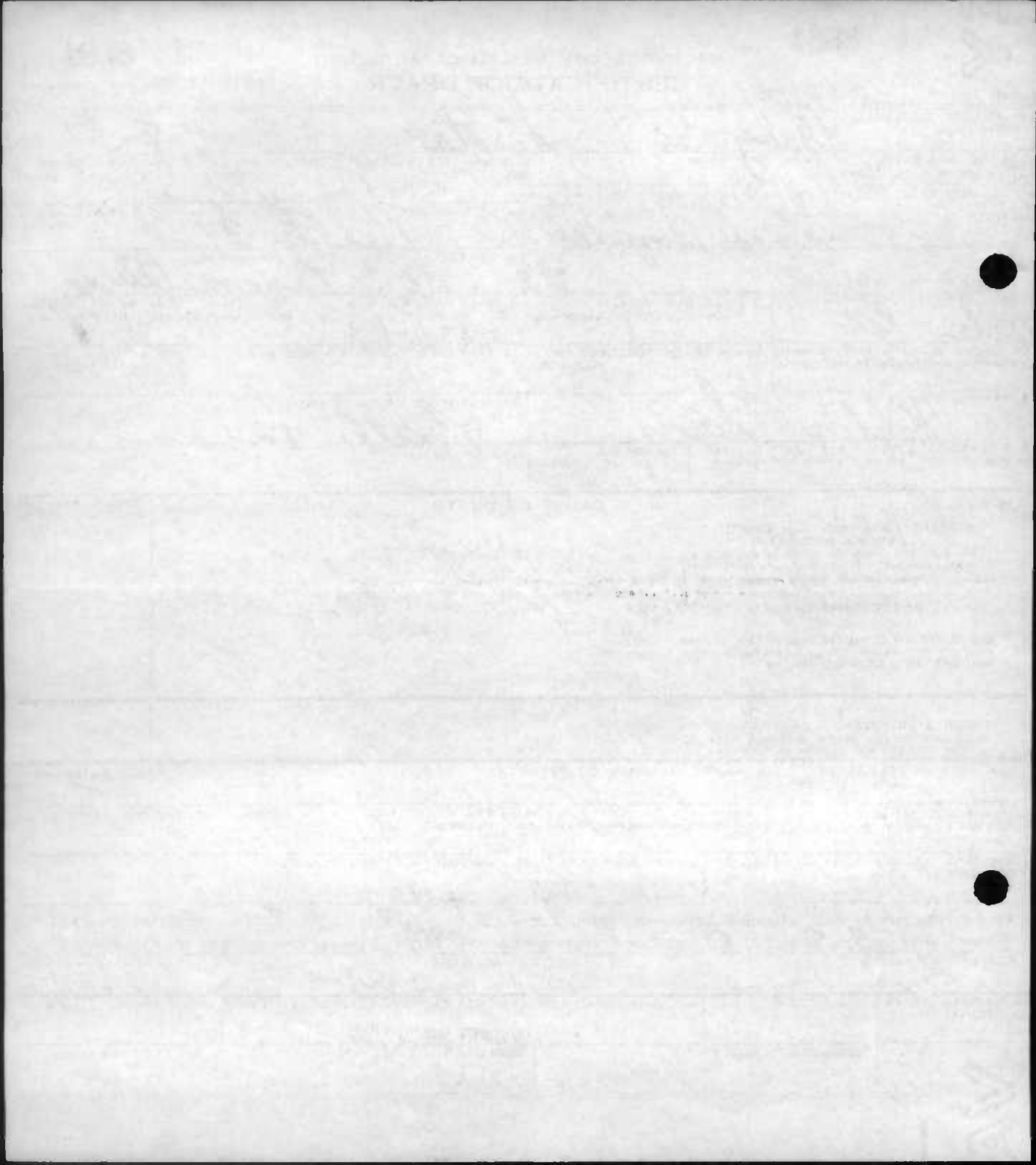
RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE *W. H. Williams*

UNIVERSITY MEDICAL SCHOOL SEP 21 1951

VS 150

1612



51 8682

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8682

Registered No.

BIRTH NO. 51-20643

1. NAME OF DECEASED  
(Type or Print)

Baby Girl Levin

2. DATE  
OF  
DEATH

Sept. 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

6. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

7. SEX

8. COLOR OR RACE

9. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of worklog life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 276X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 9-9 (2:57 AM) 1951 to 9-9 (6:30 AM) 1951, that I last saw the  
deceased alive on 9-9, 1951 and that death occurred at 6:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

UNIVERSITY MEDICAL SCHOOL SEP 21 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



00 51 8683

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8683

Registered No.

BIRTH NO. 51-21565

1. NAME OF DECEASED  
(Type or Print)

Francis James Keon, Jr.

2. DATE  
OF  
DEATH

September 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Hospital for Women of Maryland

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Frank James Keon

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 17 - 11 - 02

D. STREET ADDRESS (If rural, give location)

1315 Mt. Royal Avenue

8. DATE OF BIRTH

September 16, 1951

9. AGE (In years last birthday)

If Under 1 Year

Months: Days Hours: Min.

2 6 45

11. BIRTHPLACE (State or foreign country)

Baltimore - Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Emily Jewell

17. INFORMANT

ADDRESS

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) anoxia

DUE TO

4 hours

## ANTECEDENT CAUSES

(B) prematurity

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 16, 1951 to Sept. 18, 1951, that I last saw the deceased alive on Sept. 18, 1951, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Perry O. Powell Jr.

M. D.

23B. ADDRESS

Ind. Baltimore Ind.

23C. DATE SIGNED

9/19/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL SEP 21 1951

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Francis J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Comm. of Health

OCT 10 1951

VS 150

159

10-18-92

RECEIVED

10-18-92

MEMORANDUM FOR THE RECORD

SUBJECT: [Illegible]

DATE: 10-18-92

TO: [Illegible]

FROM: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]



51 8684

51 8684

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-17753

1. NAME OF DECEASED  
(Type or Print)

Joseph Thomas Cox

2. DATE  
OF  
DEATH

Aug 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived or institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

405 N. Duncan St

6. Length of stay in Baltimore

11 hrs.

7. SEX

Male

8. COLOR OR RACE

White

9. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

10. DATE OF BIRTH

Aug 3, 1951

11. AGE (In years  
last birthday)12. Under 1 Year  
Months: Days Hours: Min.

11

13. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)14. KIND OF BUSINESS OR  
INDUSTRY

15. BIRTHPLACE (State or foreign country)

Maryland

16. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

17. FATHER'S NAME

Thomas Joseph Cox

18. MOTHER'S MAIDEN NAME

Clara Catherine Moore

19. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)20. SOCIAL  
SECURITY NO.

21. INFORMANT

ADDRESS

Thomas Joseph Cox

405 Duncan St.

22. 7605

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) ...

Subarachnoid Hemorrhage

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) ...

Prematurity

DUE TO

(C) ...

INTERVAL BETWEEN  
ONSET AND DEATHFrom  
BirthOTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

23. DATE OF OPERATION

24. MAJOR FINDINGS OF OPERATION

25. AUTOPSY?

YES ☒ NO ☐26. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH27. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)28. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)29. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

30. INJURY OCCURRED

31. HOW DID INJURY OCCUR?

32. WHILE AT  
WORK ☐ NOT WHILE  
AT WORK ☐33. I hereby certify that I attended the deceased from 8-3, 1951, to 8-4, 1951, that I last saw the  
deceased alive on 8-4, 1951, and that death occurred at 11:05 A.M., from the causes and on the date stated above.

34. SIGNATURE

Harold S. Farfel

M. D.

35. ADDRESS

Sinai Hospital

36. DATE SIGNED

9-25-51

37. BURIAL, CREMA-  
TION, REMOVAL (Specify)

38. DATE

39. NAME OF CEMETERY OR CREMATORY

40. LOCATION (City, town, or county)

(State)

41. RECEIVED BY  
LOCAL REGISTRAR

42. REGISTRAR'S SIGNATURE

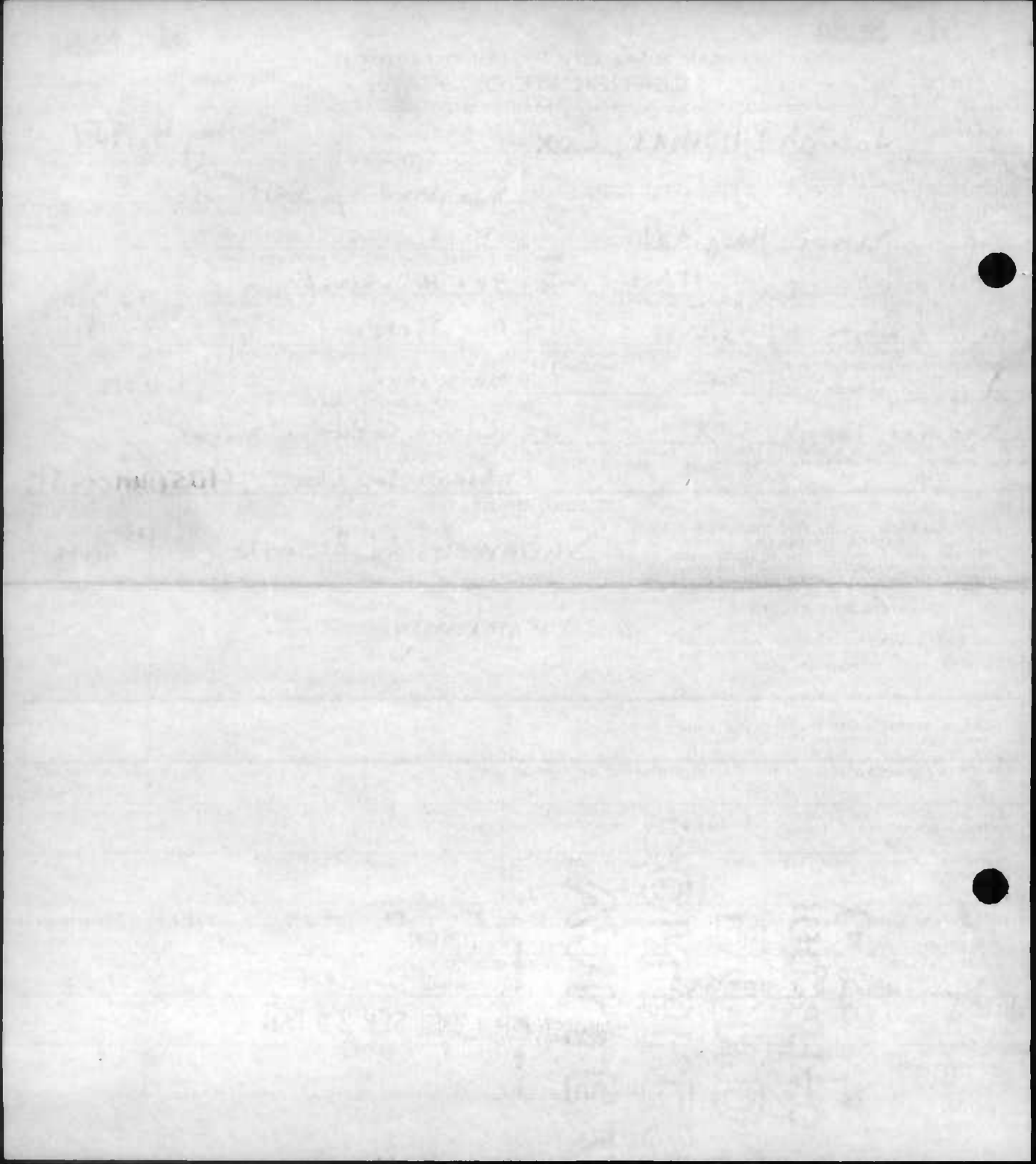
43. FUNERAL DIRECTOR

ADDRESS

OCT 10 1951

44. REGISTRAR'S SIGNATURE

45. FUNERAL DIRECTOR



51 8685

51 8685

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Oliver Smith

2. DATE  
OF  
DEATH

Sept. 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTIONBaltimore City Hospitals  
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1117 N. Woodyear St. (17)

E. Length of stay in Baltimore

15 Yrs.

Yrs.  
Mos.  
Days5. SEX  
Male6. COLOR OR RACE  
Negro7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

May 26, 1919

9. AGE (in years  
last birthday)

32

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.17. INFORMANT  
Records: Baltimore City Hospitals  
4940 Eastern Avenue

18. 550.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Multiple Liver Abscess and  
Intestinal Bleeding

DUE TO

3 Wks.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Necrosis of the colon

DUE TO

3 Wks.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8-20-51

19B. MAJOR FINDINGS OF OPERATION

Cecal Abscess

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORKNOT WHILE  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-20, 19 51 to 9-9, 1951, that I last saw the  
deceased alive on 9-9, 19 51, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

P. W. Rogers, M.D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

9-18-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

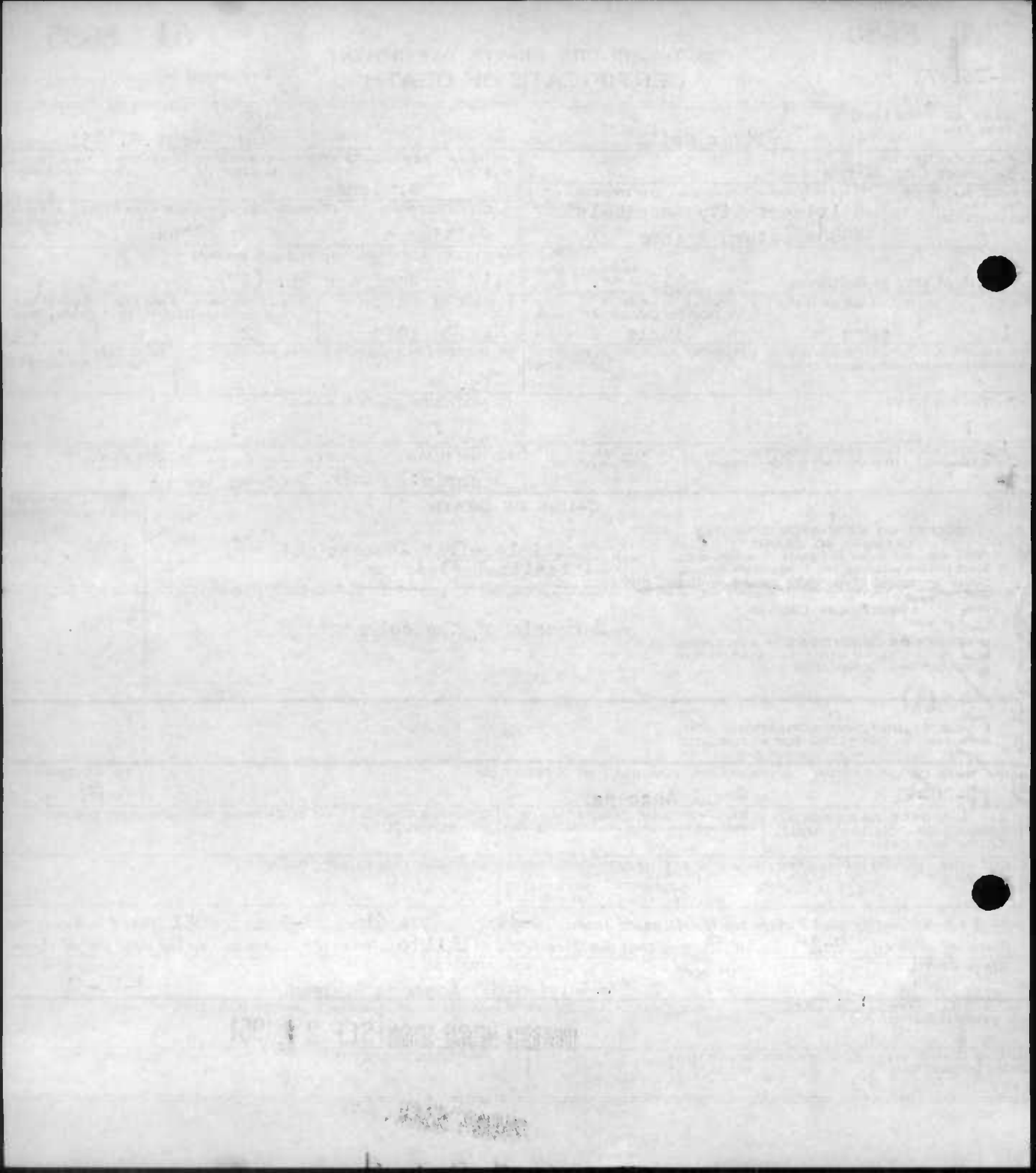
ADDRESS

OCT 10 1951

UNIVERSITY MEDICAL SCHOOL SEP 21, 1951

VS 150

121



51 8686

51 8686

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. 51-21147

1. NAME OF DECEASED  
(Type or Print)

Baby Boy Gasiorowski

2. DATE  
OF  
DEATH

9-15-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Sinai Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

BALTO.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO. 25-04

D. STREET ADDRESS (If rural, give location)

616 JEFFREY ST.

5. Length of stay in Baltimore

Yrs.  
Mos.  
Days

6. SEX M 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9-14-51

9. AGE (In years last birthday)

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

31

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

BALTO.

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Francis

14. MOTHER'S MAIDEN NAME

Agnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 776X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) Imaturity

DUE TO

(B) Premature Birth

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

21-367

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-14, 1951, to 9-15, 1951, that I last saw the deceased alive on 9-15, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Sidney H. Stancik

M.D.

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

9-17-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

UNIVERSITY MEDICAL SCHOOL SEP 21 1951

24D. LOCATION (City, town, or county)

(State)

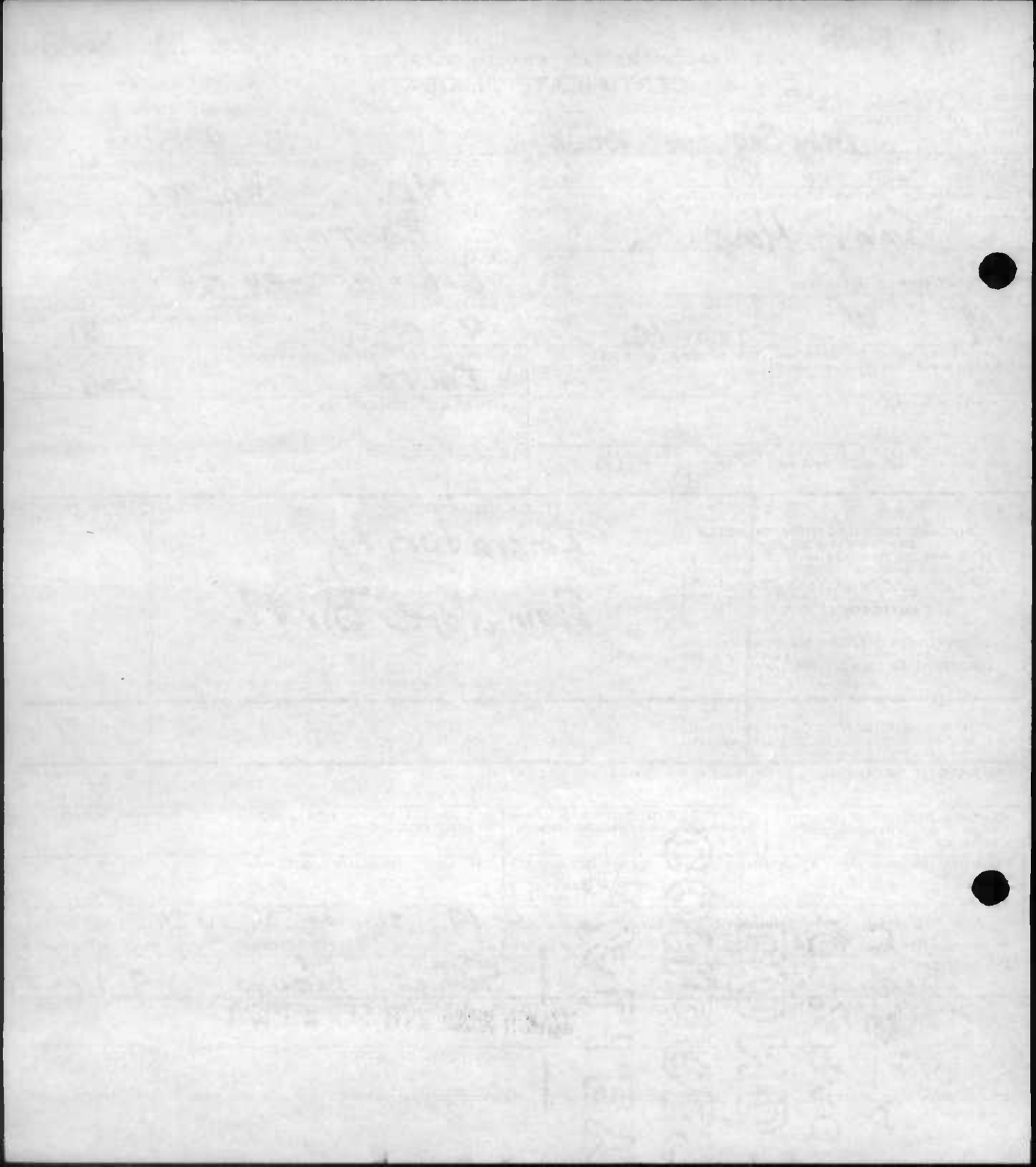
25. RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 10 1951



51 8687

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8687  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

RAYMOND

SMITH

2. DATE  
OF DEATH August 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1014 - 14th Street

6. Length of stay in Baltimore

Yrs.  
Mos.  
Days

7. SEX

Male

8. COLOR OR RACE

White

9. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Unknown

10. DATE OF BIRTH

U

11. AGE (in years  
last birthday)

55

12. If Under 1 Year  
Months: Days13. If Under 24 Hours  
Hours: Min.14. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

U

15. KIND OF BUSINESS OR  
INDUSTRY

16. BIRTHPLACE (State or foreign country)

k

17. CITIZEN OF  
WHAT COUNTRY?

18. FATHER'S NAME

k

19. MOTHER'S MAIDEN NAME

o

20. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

C

21. SOCIAL  
SECURITY NO.

22. INFORMANT

n

23. ADDRESS

18. *E902.7* <sup>W</sup><sub>I</sub> CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Compound comminuted fracture of skull  
~~XXXXXX~~ with extrusion of brain tissue

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Hospital

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Johns Hopkins Hospital, 601 N. Broadway

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Aug. 27, 1951

P.m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒21F. HOW DID INJURY OCCUR? *715*  
Fell to roof in  
attempt to climb down sheets22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

*William C. Brady*23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

August 28, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL SEP 24 1951

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CT 101951

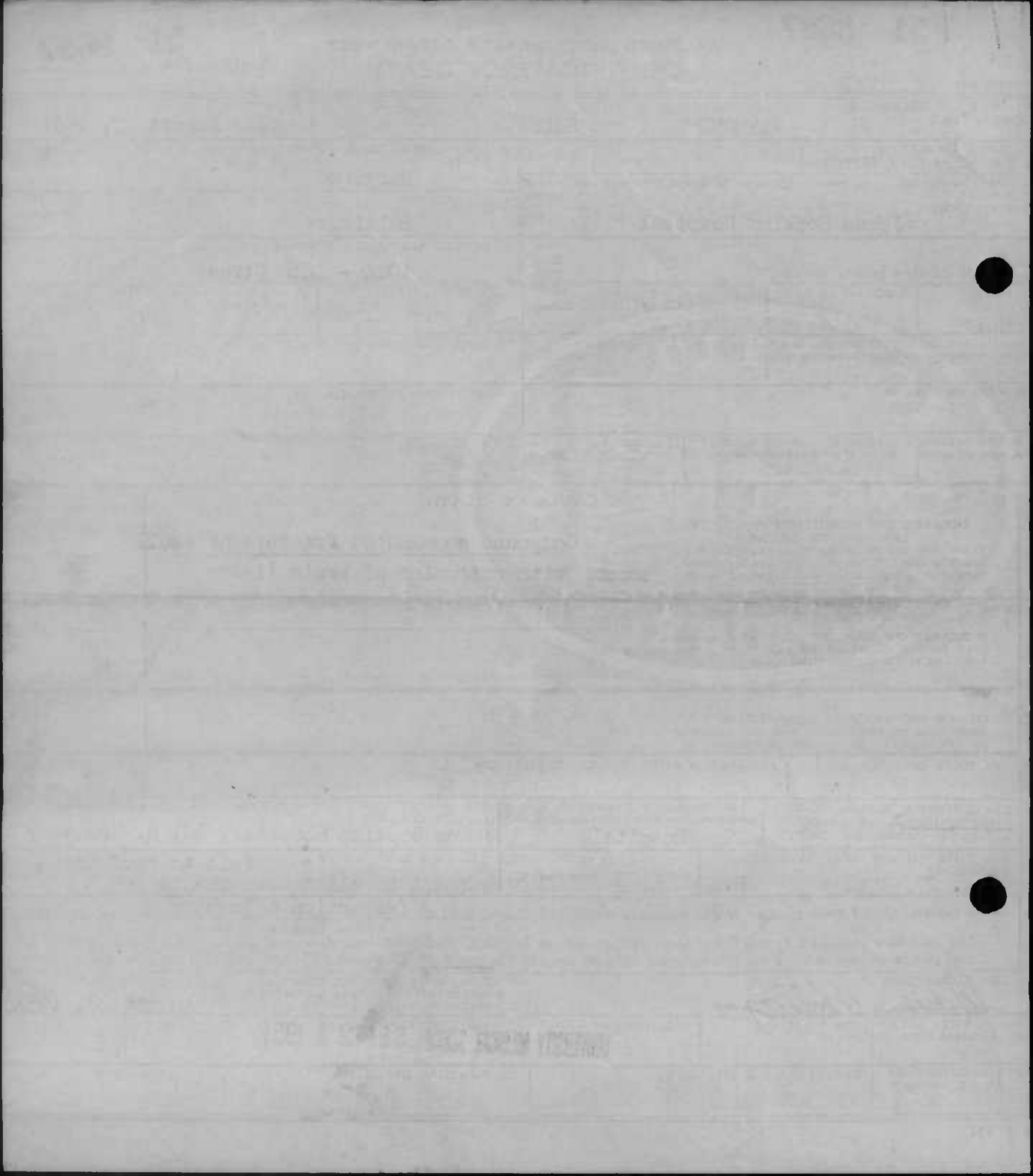
Commissioner of Health

VS 151

N-803.2

186a ✓





16 51 8688

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8688

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELLEN PUMPHREY

2. DATE  
OF  
DEATH

10-8-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNIVERSITY HOSPITAL

Yrs.  
Mos.  
Days

5. Length of stay in Baltimore

6. SEX  
F6. COLOR OR RACE  
W7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE  
MDC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE 27-07D. STREET ADDRESS (If rural, give location)  
2714 Bowerwood Ave

8. DATE OF BIRTH

Jan. 3-1876

9. AGE (In years last birthday)  
75If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
VA.12. CITIZEN OF WHAT COUNTRY?  
US

3. FATHER'S NAME

JOHN BARLEY

14. MOTHER'S MAIDEN NAME

ELLEN SWAIN

5. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. J. C. Pumphrey

18. 586X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) BILE PERITONITIS

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 WEEK

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYDROPS OF GALLBLADDER

DUE TO

(C) CHOLECYSTECTOMY

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.CONGESTIVE FAILURE  
RENAL FAILURE

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1957, to 10-8, 1957, that I last saw the deceased alive on 10-7, 1957, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

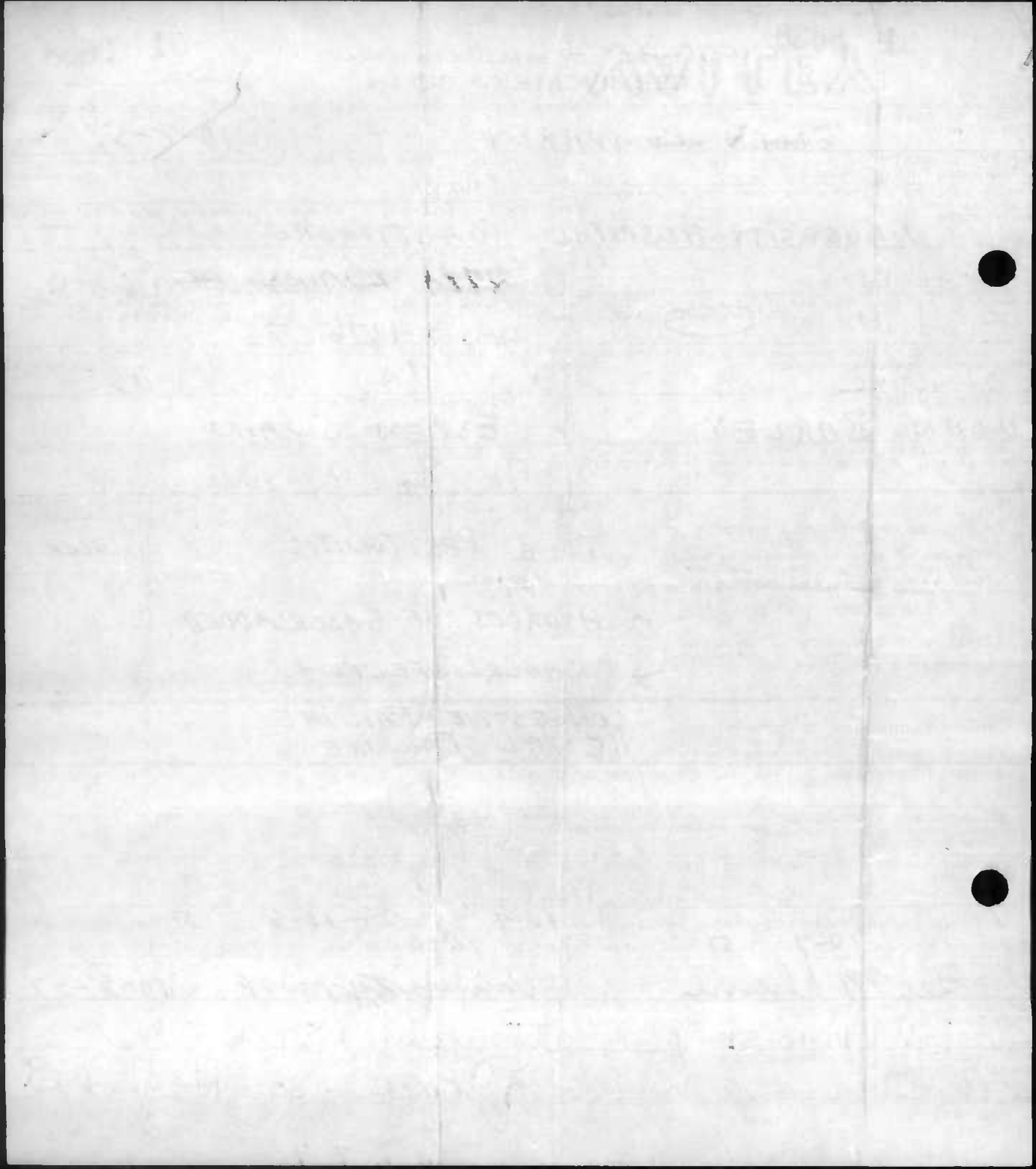
25. FUNERAL DIRECTOR

ADDRESS

OCT 10 1951

VS 150

127R



500

51 8689

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8689

Registered No.

BIRTH NO. 48-03173

1. NAME OF DECEASED  
(Type or Print)

Earl Wm Kuehne Jr.

2. DATE  
OF  
DEATH

Oct 7 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Sindi Hospital

5. Length of stay in Baltimore

3

Yrs.  
Mos.  
Days6. SEX  
male6. COLOR OR RACE  
white7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
single8A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR  
INDUSTRY

9. FATHER'S NAME

Earl Wm Kuehne Sr.

11. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

2-3-48

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Mary Kompter.

17. INFORMANT

ADDRESS

Eckle-Senior.

18. 5040

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Sub-Acute Lymphocytic Leukemia

2 months.

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 8-25, 1951, to 10-7, 1951, that I last saw the  
deceased alive on 10-7, 1951, and that death occurred at 11:50 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Viskin M.D.

M. D.

23B. ADDRESS

Sindi Hospital

23C. DATE SIGNED

10-7-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

25. DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CT 101951

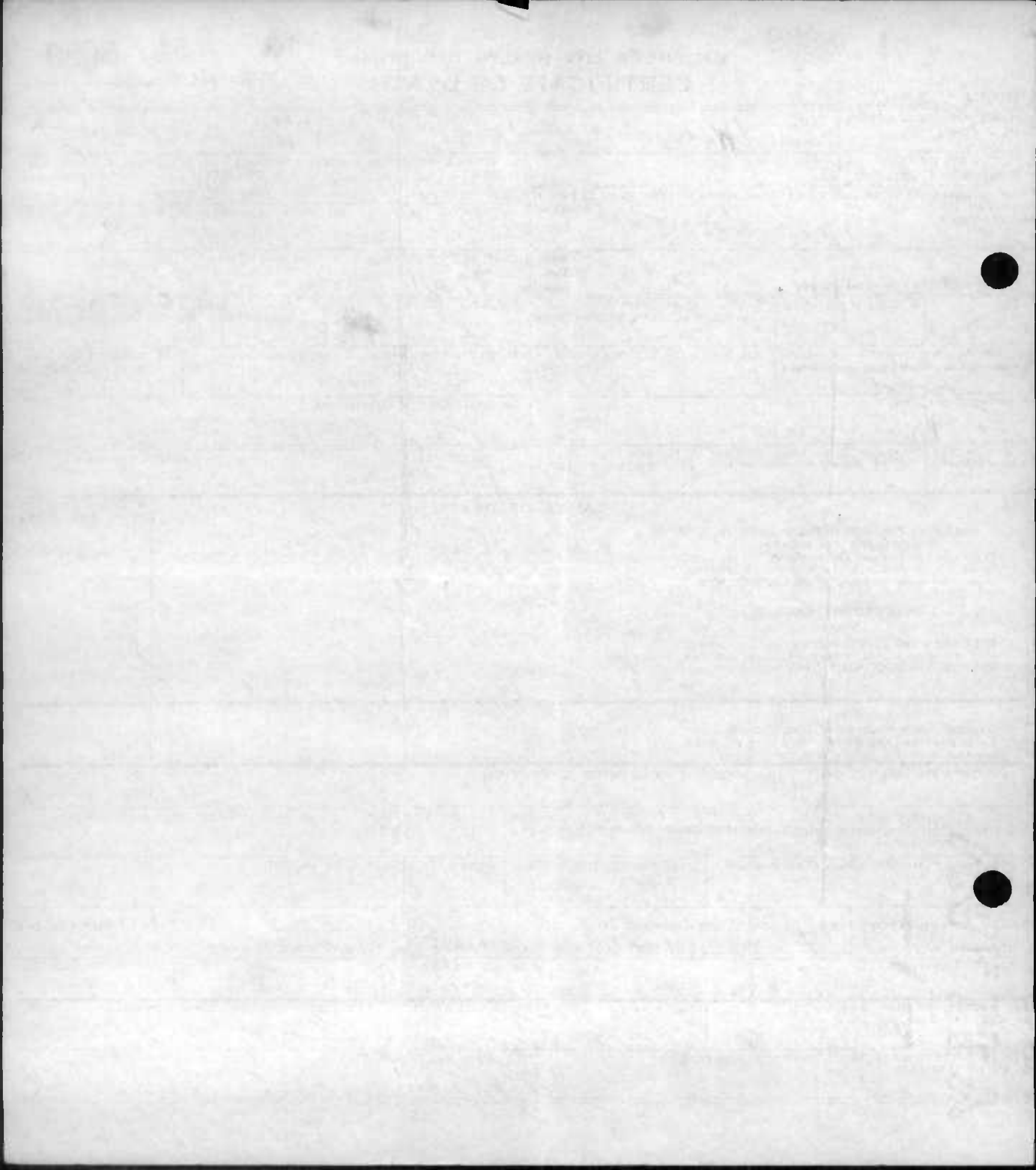
10-10-51

Baltimore National

Baltimore Md

J. Luck

5305 Harford Rd



462-51 8690

51 8690

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Robert K. Sellers

2. DATE  
OF  
DEATH

Oct. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2815 Berwick

Yrs.  
Mos.  
Days

Length of stay in Baltimore

C. SEX

male white

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

D. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

self employed

B. KIND OF BUSINESS OR INDUSTRY

garage owner

3. FATHER'S NAME

Robert B. Sellers

E. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)

yes, no or unknown

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

May 31, 1901

9. AGE (In years  
last birthday)

50

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Harford Co. Md.

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Florence J. Thompson

17. INFORMANT

Mrs. May Sellers 2815 Berwick

ADDRESS

18. 180X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A) Cancer, the pt. had type  
undetermined - Metastases  
(B) Bone - pelvis, spine, ribs & skull.  
(C) Some cerebral malnutrition, removedINTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1949, to Oct 8, 1951, that I last saw the deceased alive on Oct 8, 1951, and that death occurred at 2:45 p.m. from the causes and on the date stated above.

23A. SIGNATURE

Donald W. Mintz

23B. ADDRESS

M. D.

307 E. Enoch Ave

23C. DATE SIGNED

10/8/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-11-51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

L. J. Ruck 5305 Harford Rd

ADDRESS

OCT 10 1951

VS 150

29083

679

52a

Dr. Minizer.  
Evergreen & Mission



452  
JL-134224BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8691  
Registered No.

BIRTH NO.

51 8691

1. NAME OF DECEASED (Type or Print) <b>Harrison Williams</b>		2. DATE OF DEATH <b>9-11-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Ma.</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>Baltimore City Hospital 4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>17-01</b>	
6. LENGTH OF STAY IN BALTIMORE <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>603 George St.</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>Negro</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Sep.</b>	10. DATE OF BIRTH <b>March 14, 1882</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (In years last birthday) <b>69</b>	
13. FATHER'S NAME <b>? Williams</b>		14. BIRTHPLACE (State or foreign country) <b>Ma.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY?	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <b>Elizabeth ?</b>	
19. INFORMANT <b>B. C. H. Records, 4940 Eastern Ave.</b>		ADDRESS	
19. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Myocardial Infarction</b> INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b> DUE TO (A) ..... (B) ..... (C) ..... ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (A) ..... (B) ..... (C) ..... II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>12-14-49</b> , 19__, to <b>9-11-51</b> , 19__, that I last saw the deceased alive on <b>9-11-51</b> , 19__, and that death occurred at <b>1.25 AM</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>J. H. [Signature]</b>		23B. ADDRESS <b>4940 Eastern Ave.</b>	
23C. DATE SIGNED <b>9-24-51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY <b>UNIVERSITY MEDICAL SCHOOL</b>		24D. LOCATION (City, town, or county) (State) <b>SEP 27 1951</b>	
25. FUNERAL DIRECTOR <b>Commissioner of Health</b>		ADDRESS	

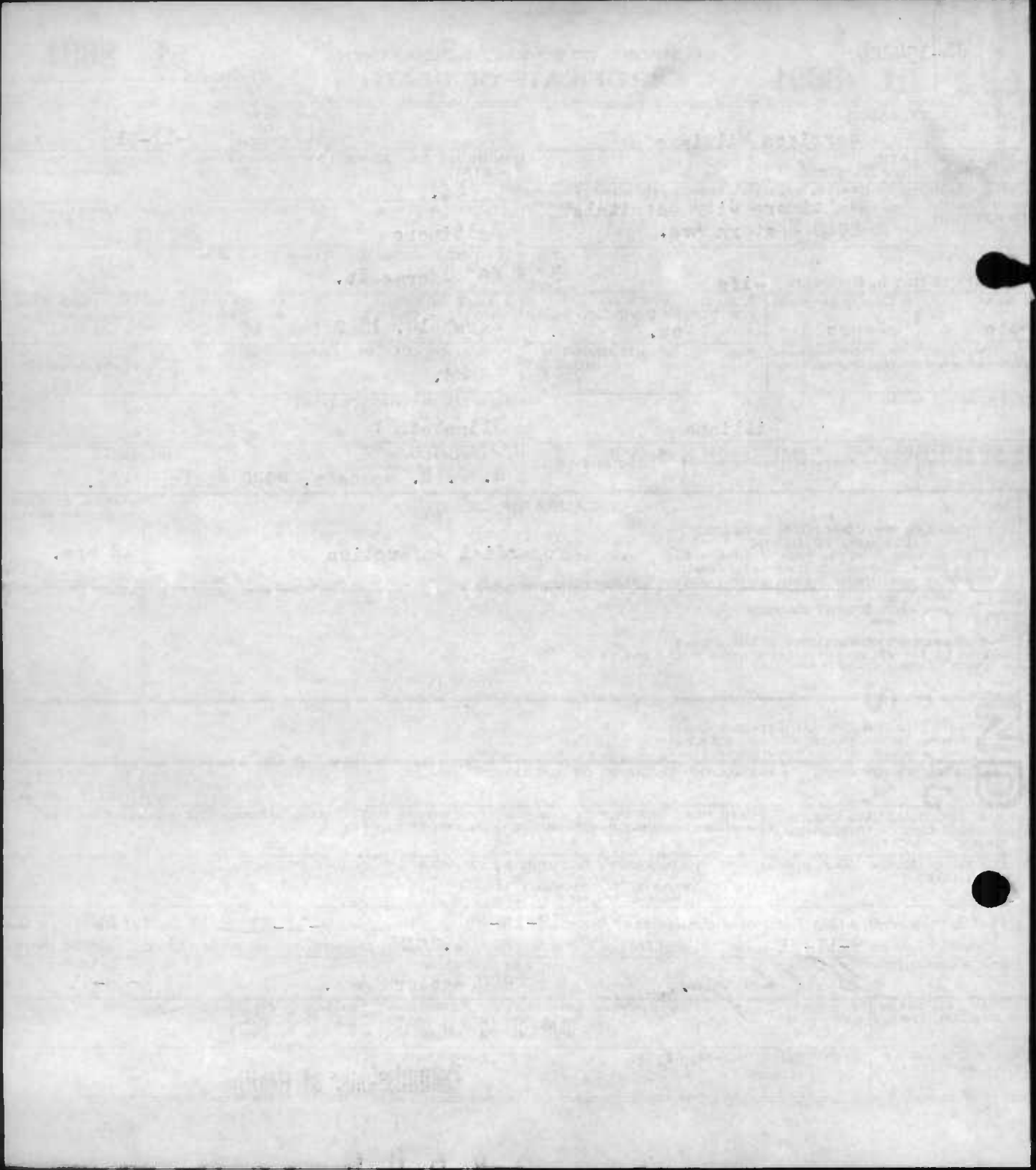
DATE RECEIVED BY  
LOCAL REGISTRAR  
**SEP 10 1951**REGISTRAR'S SIGNATURE  
**[Signature]**

25. FUNERAL DIRECTOR

ADDRESS

VS 150

94a



51 8692

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8692

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James Lewis

2. DATE  
OF  
DEATH

October 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF  
(If not in hospital or institution, give street address or  
HOSPITAL OR  
INSTITUTION

1316 Division St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

17-02

6. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

1316 Division St.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 7, 1900

9. AGE (In years  
last birthday)

51

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Sp.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary Lewis 1715 Braddish Ave.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral accident

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Hypertensive cardio-vascular  
disease11  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-14, 1951, to 10-7, 1951, that I last saw the  
deceased alive on 10-6, 1951, and that death occurred at 4:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

C. R. Campbell, M. O.

23B. ADDRESS

718 Delphin St.

23C. DATE SIGNED

10-8-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-10-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Lauretta Hensley

578 W. Biddle St.

VALLEY  
CONGRESS  
SECOND  
10.14.46  
U.S. 100

51 8693

MD-150675

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 8693

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William Ellers

2. DATE  
OF  
DEATH

Sept. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Baltimore City Hospitals

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1417 W. Fayette St (1411 W. Fayette St)

5. Length of stay in Baltimore

?

Yrs.  
Mos.  
Days6. SEX  
Male7. COLOR OR RACE  
White8. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Separated9. DATE OF BIRTH  
? ? ?10. AGE (In years  
last birthday)  
5311. Under 1 Year  
Months: Days  
Hours: Min.12. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)13. KIND OF BUSINESS OR  
INDUSTRY

14. BIRTHPLACE (State or foreign country)

15. CITIZEN OF  
WHAT COUNTRY?

16. FATHER'S NAME

? ?

17. MOTHER'S MAIDEN NAME

? ?

18. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

19. SOCIAL  
SECURITY NO.20. INFORMANT  
Records: Baltimore City Hospitals  
4940 Eastern Avenue

21. 581.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Cirrhosis of the Liver

DUE TO

1 Yr.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Malnutrition

DUE TO

6 Mos.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

22. DATE OF OPERATION

23. MAJOR FINDINGS OF OPERATION

24. AUTOPSY?

YES ☐ NO ☒25. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH26. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)27. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)28. TIME (Month) (Day) (Year) (Hour)  
INJURY

29. INJURY OCCURRED

30. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐31. I hereby certify that I attended the deceased from 7-23, 1951, to 9-6, 1951, that I last saw the  
deceased alive on 9-6, 1951, and that death occurred at 10:35 pm from the causes and on the date stated above.

32. SIGNATURE

M. D.

33. ADDRESS

4940 Eastern Avenue

34. DATE SIGNED

9-24-51

35. BURIAL, CREMA-  
TION, REMOVAL (Specify)

36. DATE

37. NAME OF CEMETERY OR CREMATORY

38. LOCATION (City, town, or county)

(State)

39. DATE RECEIVED BY  
LOCAL REGISTRAR

40. REGISTRAR'S SIGNATURE

41. FUNERAL DIRECTOR

42. ADDRESS

VS 150

124 B

UNIVERSITY MICROFILMS  
SERIALS ACQUISITION  
300 N ZEEB RD  
ANN ARBOR MI 48106-1500

51 8694

CERTIFICATE CORRECTED

11-25-51

51 8694

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

BESSIE BETSY HOULT ROBERTS

2. DATE  
OF  
DEATH

October 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

34th St. &amp; Charles St. Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-02

D. STREET ADDRESS (If rural, give location)

34th Street &amp; Charles Street Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 1, 1880

9. AGE (in years  
last birthday)

71

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Cornelius M. Hoult

14. MOTHER'S MAIDEN NAME

Elizabeth Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Ernest Roberts Cambridge Arms Apts.

18. 4221

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

October 9, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10/11/51

National Cemetery

Arlington, Va.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

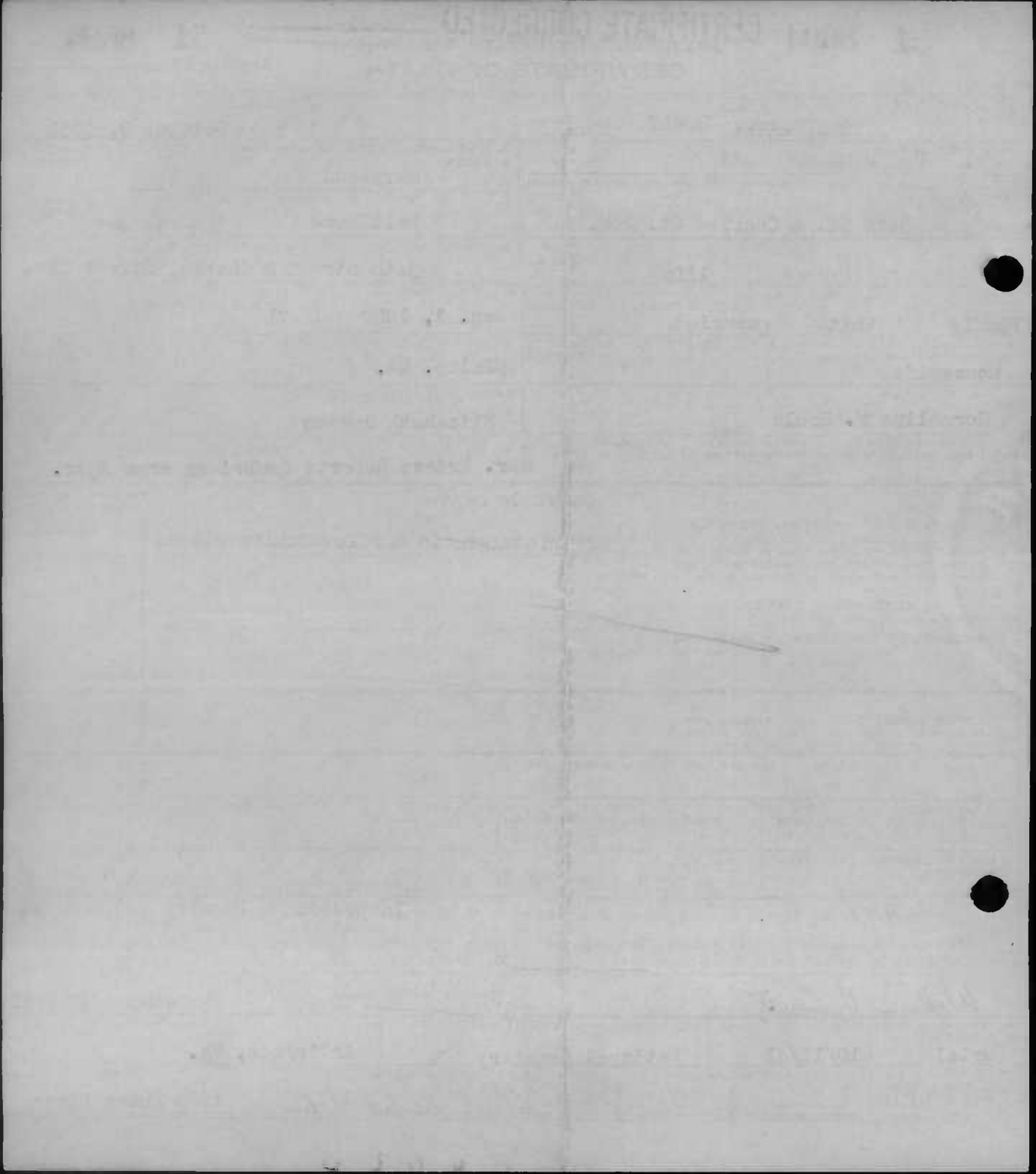
OCT 10 1951

William J. Williams, M.D.

John O. Mitchell &amp; Sons Inc.

1900 Eutaw Place





51 8695

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

51 8695

## CERTIFICATE OF DEATH

Reg. Dist. No.....

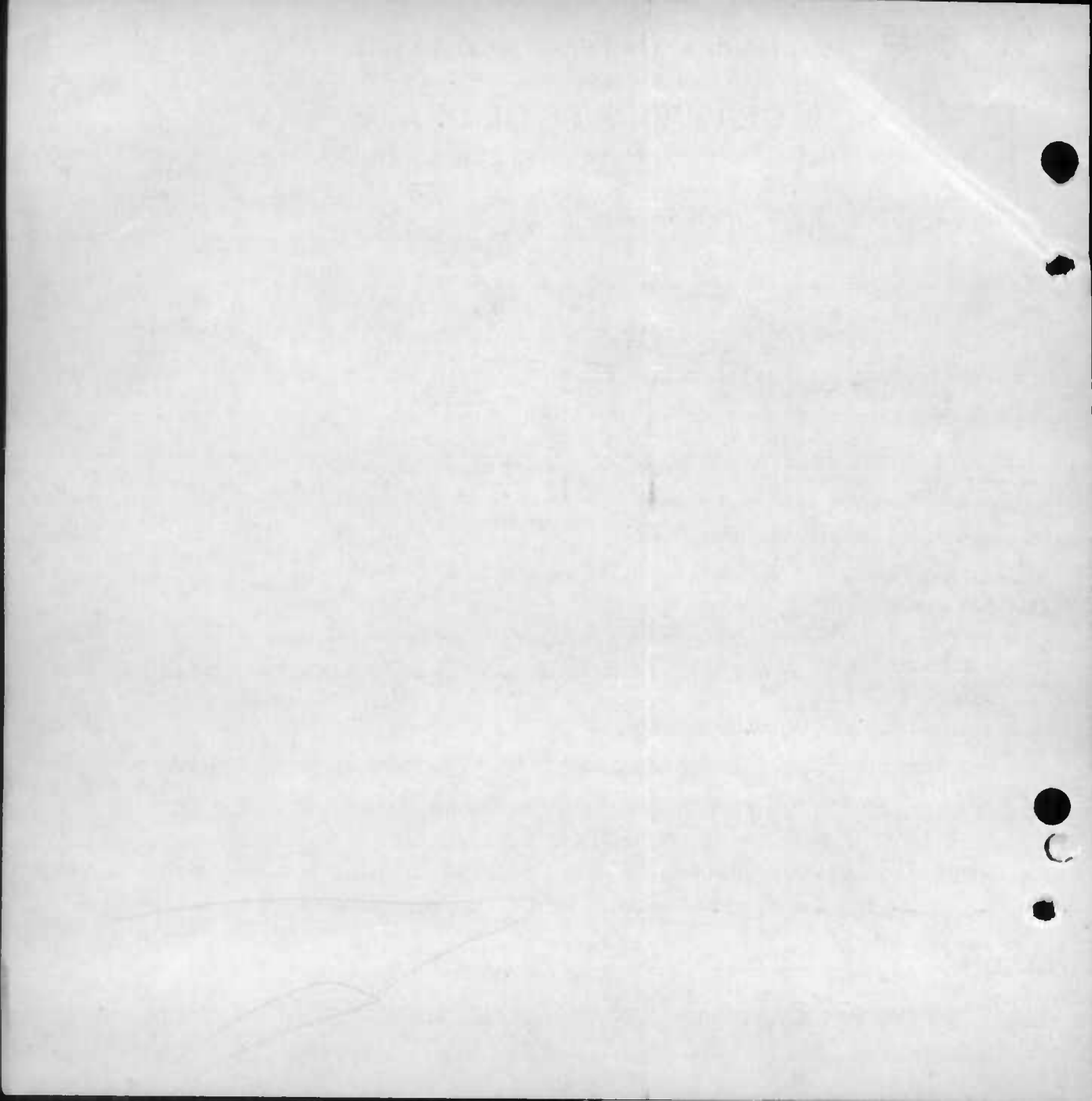
1. PLACE OF DEATH COUNTY <u>Baltimore, City</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Paltimore</u>	
OWN HOSPITAL OR NURSING HOME OR RESIDENT ADDRESS <u>523 Rosehill Terrace</u>		STREET ADDRESS <u>523 Rosehill Terrace</u>	
NAME OF DECEASED (Type or Print) <u>Bertha</u> (First) <u>May</u> (Middle) <u>Martin</u> (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>October 8</u> 19 <u>51</u>	
SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-21-1880</u>
USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>71</u> yrs.
FATHER'S NAME <u>Charles Smith</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
WAS DECEASED EVER IN U.S. ARMED FORCES? (no, or unknown) (If year, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY No.		14. MOTHER'S MAIDEN NAME <u>Mary Bruel</u>	
17. INFORMANT AND ADDRESS <u>W. L. Martin 523 Rosehill Terrace</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) <u>Pulmonary edema, acute</u>	<u>8 hrs.</u>
Antecedent cause(s)	(b) <u>Cerebral hemorrhage</u>	<u>10 days</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) <u>Hypertensive - arteriosclerotic cardiovascular disease</u>	<u>5 years +</u>
OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
ACCIDENT (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)
SUICIDE	INJURY	(COUNTY)
HOPE		(STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
OF INJURY		

I hereby certify that I attended the deceased from June, 1945, to Oct, 1951, that I last saw the deceased alive on Oct 8, 1951, and that death occurred at 5 p. m., from the causes and on the date stated above.

SIGNATURE <u>Elizabeth B. Shull, M.D.</u>		DATE SIGNED <u>10/15/51</u>	
BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE <u>10-11-1951</u>	NAME OF CEMETERY OR CREMATORY <u>Jessup's</u>
LOCATION (City, town, or county) <u>Cockeysville, Md.</u>		(State)	
DATE REC'D BY LOCAL REG. <u>Oct 10 1951</u>	REGISTRAR'S SIGNATURE <u>William M. Williams</u>	24. FUNERAL DIRECTOR <u>John A. Moran</u>	ADDRESS <u>3000 E. Baltimore St.</u>

93D



51 8696

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8696  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LOUIS

FORD

2. DATE  
OF  
DEATH

October 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

Baltimore

20-01

D. STREET ADDRESS (If rural, give location)

532 N. Monroe Street

5. Length of stay in Baltimore

Yrs.  
Mos.  
Days

6. SEX

Male

7. COLOR OR RACE

Colored

8. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Separated

9. DATE OF BIRTH

11-19-1902

10. AGE (in years  
last birthday)

48

11. Under 1 Year  
Months: Days12. Under 24 Hours  
Hours: Min.13. USUAL OCCUPATION (Give kind of  
occupation during most of working life, even if retired)

Permanent painter

14. KIND OF BUSINESS OR  
INDUSTRY

Penn. R. R.

15. BIRTHPLACE (State or foreign country)

HEATH Va.

16. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

17. FATHER'S NAME

William Ford.

18. MOTHER'S MAIDEN NAME

Ella Wiggins

19. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

Yes, no or unknown

20. SOCIAL  
SECURITY NO.

217-096-282 Alpha Windsor - W. L. A. -

21. INFORMANT

ADDRESS

18. E 900.0 1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Fracture of neck

DUE TO

## ANTECEDENT CAUSES

(B)

DUE TO

(C)

!!  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

532 N. Monroe Street

20/1

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Oct. 8, 1951 9:15 P.m.

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☒  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Slipped and fell down cellar steps

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William O. Smith

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

October 9, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-12-51

24C. NAME OF CEMETERY OR CREMATORY

Ardenwood Memorial Park

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 10 1951

REGISTRAR'S SIGNATURE

William O. Smith

25. FUNERAL DIRECTOR

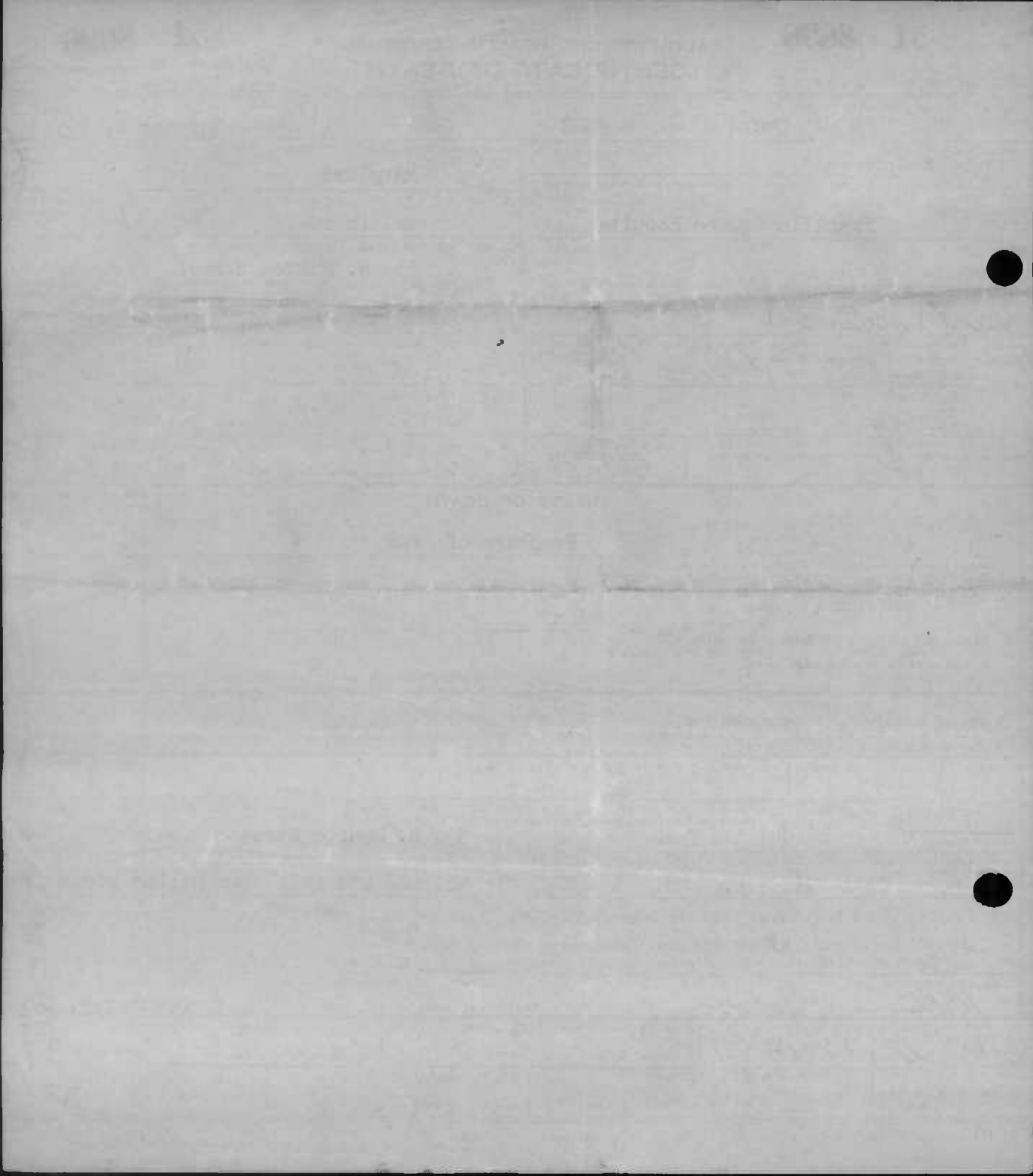
W. Galstead 918

ADDRESS

918

VS 151

N-85.V 970 50 Almond Hill Ave. 186a



51 8697

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8697

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lewis Rose, Jr.

2. DATE  
OF  
DEATH

10/9/51

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION 51 S. Monroe St.,66- Yrs.  
Mos.  
Days

5. Length of stay in Baltimore

6. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

td. Laundry Salesman Empire Laundry

10B. KIND OF BUSINESS OR  
INDUSTRY

9. FATHER'S NAME

Lewis Rose, Sr.

10. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.  
212-05-9744

8. DATE OF BIRTH

May 27, 1885

9. AGE (in years  
last birthday)

66

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Louise Scheib

17. INFORMANT

ADDRESS

Mrs. Marie M. Rose 51 S. Monroe St.,

18. 443X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

7 days

2 yr 2 mo

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1951, to Oct 8, 1951, that I last saw the  
deceased alive on Oct 8, 1951, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Glassman M. D.

23B. ADDRESS

753 W. Fayette St.

23C. DATE SIGNED

Oct 9-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-11-1951

24C. NAME OF CEMETERY OR CREMATORIUM

Lorraine Park

24D. LOCATION (City, town, or county)

Woodlawn,

Md.

25. DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 11 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

VS 150

4908C

93D

My  
Dr. Musman  
753 W. Jayce St.

---



51 8698

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8698  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HELEN

E.

LOCKARY

hochary

2. DATE  
OF

DEATH Oct. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Johns Hopkins Hospital

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 15 1922 29

9. AGE (In years  
last birthday)10 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR  
INDUSTRY

House work

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frank Amend

14. MOTHER'S MAIDEN NAME

Mary Horney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
Yes, no or unknown (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Carlos D. hochary 4300 Ashland Ave

18. E976 x 1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Bullet wound of chest

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

4300 Ashland Avenue

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Oct. 8, 1951-Found A.m.

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☒  
AT WORK

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Stanley H. Dineen

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒23C. DATE SIGNED  
Oct. 8, 195124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct 11-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Belair Rd. Balto 6md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Piggel Bros. 1800 E. Lombard St

THE SECRETARY OF AGRICULTURE  
WASHINGTON, D. C.

TO THE HONORABLE CHIEF OF BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

SUBJECT: [Illegible]

[The body of the letter contains several paragraphs of text that are mostly illegible due to fading. The text appears to be a formal communication regarding plant industry matters.]

Very respectfully,  
[Illegible Signature]

[Illegible Title]

51 8699

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 8699

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lucy D. Robinson

2. DATE  
OF  
DEATH

Oct. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

316 N. Carrollton Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 18-02

D. STREET ADDRESS (If rural, give location)

316 N. Carrollton Ave.

5. Length of stay in Baltimore

20 years

6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Female

Colored

Married

8. DATE OF BIRTH

Aug. 23, 1903

9. AGE (In years last birthday)

48

10. Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Bedford Co. Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jerry Penn

14. MOTHER'S MAIDEN NAME

Elizabeth Lazenby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 316

Mr. Ellie Robinson Carrollton Ave.

18. 442X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) Cardio Vascular - Renal Disease

DUE TO

(B) Parkinson's Disease

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Several years

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

C. INJURY

22E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 949, 19, to Oct 8, 1951, that I last saw the deceased alive on Oct 6, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

H. P. Hughes

23B. ADDRESS

825 N. Tremont Ave.

23C. DATE SIGNED

10/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 11, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Catherine Williams, Jr.

25. FUNERAL DIRECTOR

Wallace Funeral Home

ADDRESS

1651 Druid Hill Ave.

100

RECEIVED BY THE SECRETARY OF THE ARMY

100

100

Blank lined page with two binder holes on the right side.

125 51 8700

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8700  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HENRY L MULLIGAN

2. DATE  
OF  
DEATH

October 9, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

10-01

D. STREET ADDRESS (If rural, give location)

1027 Valley Street

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Male

White

Single

8. DATE OF BIRTH

Aug. 30, 1886

9. AGE (in years, last birthday)

65

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Battery Attendant

10B. KIND OF BUSINESS OR INDUSTRY

Sugar Refinery

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY

U. S.

13. FATHER'S NAME

Matthew Mulligan

14. MOTHER'S MAIDEN NAME

Annie Byrne

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL SECURITY NO.  
212-09-6453

17. INFORMANT

ADDRESS

Rita Mulligan, 1027 Valley St

18. 443 X CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Hypertensive arteriosclerotic cardio-  
vascular disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

October 9, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 13, 1951

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Rita Wiedefeld, 900 E. Biddle St

RECEIVED

DATE: 10/10/10

TO: Mr. J. Edgar Hoover

FROM: Mr. J. Edgar Hoover

SUBJECT: [Illegible]

RE: [Illegible]

DATE: 10/10/10

TO: Mr. J. Edgar Hoover

FROM: Mr. J. Edgar Hoover

SUBJECT: [Illegible]

RE: [Illegible]

DATE: 10/10/10

TO: Mr. J. Edgar Hoover

FROM: Mr. J. Edgar Hoover

SUBJECT: [Illegible]

RE: [Illegible]

DATE: 10/10/10

TO: Mr. J. Edgar Hoover

FROM: Mr. J. Edgar Hoover

SUBJECT: [Illegible]

RE: [Illegible]

DATE: 10/10/10

TO: Mr. J. Edgar Hoover

FROM: Mr. J. Edgar Hoover

Med. Exam. Case

51 8701

51 8701

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

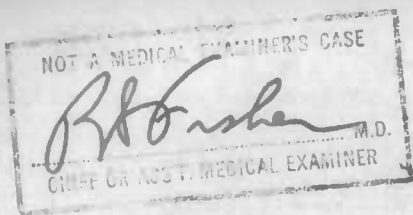
Registered No. \_\_\_\_\_

BIRTH NO.

1. NAME OF DECEASED Type or Print) <b>George Lee</b>		2. DATE OF DEATH <b>OCT 7 - 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>JOHNS HOPKINS HOSPITAL</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johns Hopkins Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 16-02</b>	
6. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>1113 N. Parrish St</b>	
7. SEX <b>male</b>	8. COLOR OR RACE <b>colored</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>m</b>	10. DATE OF BIRTH <b>11/2/1887</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>	12. KIND OF BUSINESS OR INDUSTRY <b>Laverm</b>	13. AGE (in years last birthday) <b>63</b>	14. BIRTHPLACE (State or foreign country) <b>Balto. Md</b>
15. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		16. FATHER'S NAME <b>Phillip Lee</b>	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? <b>no</b>		18. SOCIAL SECURITY NO. <b>219-01-3430</b>	
19. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b>		20. ADDRESS <b>1113 N. Parrish St</b>	
18. CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Aneurysm of thoracic aorta</b>			
DUE TO			
ANTECEDENT CAUSES <b>(B) Vascular syphilis</b>			
DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(C)</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Obstructed left lung; Esophageal obstruction</b>			
19A. DATE OF OPERATION <b>8/57</b>		19B. MAJOR FINDINGS OF OPERATION <b>Thoracic Aneurysm of aorta</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-7-1951</b> to <b>10-7-1951</b> , that I last saw the deceased alive on <b>10-7-1951</b> , and that death occurred at <b>2:50 PM</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Walter D. Clancy Jr.</b>		23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>	
23C. DATE SIGNED <b>10-7-51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/11/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Auburn</b>	24D. LOCATION (City, town, or county) (State) <b>Balto. Md</b>
25. DATE RECEIVED BY LOCAL REGISTRAR <b>10-10-1951</b>	26. REGISTRAR'S SIGNATURE <b>Wm. H. Williams</b>	27. FUNERAL DIRECTOR <b>Rev. H. Nelson</b>	
28. ADDRESS <b>1303</b>			

VS 150 Med. Ex. Released by hospital To be approved  
301





Examination of the patient  
on 12-5-21

Examination of the patient  
on 12-5-21

12-5-21

Examination of the patient  
on 12-5-21

51 8702

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 8702

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOSEPH BURCA

2. DATE  
OF  
DEATH

10-9-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2316 ESSEX ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

1-03

5. FULL NAME OF (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE CITY

D. STREET ADDRESS (If rural, give location)

2316 ESSEX ST

6. Length of stay in Baltimore

40

Yrs.  
Mon-  
Days

7. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

JOHN BURCA

MARYANNA BRACISZEWSKA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

615-05-0929 JAMES JOSEPH BURCA

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

NOV. 16, 1951 to 10/9/51, that I last saw the deceased alive on 10/8/51, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Michael J. Kunkin

M. D.

1016 S. East Ave

10/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

10/10/51

Catherine Williams, M.D.

Mary Scher

401 S. Chester St.

VS 150

97046

937

STP

WATER  
CONCRETE  
VALVE





U.S.A.  
DOORWAY  
BOND  
CONGRESS  
VALLEY

300 51 8704

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8704

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ROBERT WELDON HOWETH</b>		2. DATE OF DEATH <b>Oct. 9, 1951</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>4001 Dorchester Rd.</b>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
7. Length of stay in Baltimore Yrs. <b>0</b> Mos. <b>0</b> Days <b>0</b>		8. STREET ADDRESS (If rural, give location) <b>4001 Dorchester Rd.</b>	
9. SEX <b>M</b>	10. COLOR OR RACE <b>N</b>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	12. DATE OF BIRTH <b>Feb. 3, 1875</b>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Self</b>		14. AGE (In years, last birthday) <b>76</b>	
15. BIRTHPLACE (State or foreign country) <b>Marion Sta. Md.</b>		16. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
17. FATHER'S NAME <b>George Washington Howeth</b>		18. MOTHER'S MAIDEN NAME <b>Indiana Miles</b>	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		20. SOCIAL SECURITY NO. <b>None</b>	
21. INFORMANT <b>Mrs. Cecil Ensor 3709 Villa Nova Rd.</b>		22. ADDRESS <b>3709 Villa Nova Rd.</b>	
23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> <b>Apoxy</b> <b>Anterior circulation</b>		24. INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>	
25. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>			
26. DATE OF OPERATION <b>10/11/51</b>		27. MAJOR FINDINGS OF OPERATION	
28. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
29. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		30. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
31. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
32. TIME (Month) (Day) (Year) (Hour) OF INJURY		33. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
34. HOW DID INJURY OCCUR?			
35. I hereby certify that I attended the deceased from <b>Oct 3, 1951</b> to <b>Oct 9, 1951</b> , that I last saw the deceased alive on <b>Oct 5, 1951</b> , and that death occurred at <b>1:20 p.m.</b> , from the causes and on the date stated above.			
36. SIGNATURE <b>Wm J. Jackson</b>		37. ADDRESS <b>3033 Woodlawn</b>	
38. DATE SIGNED <b>10/5/51</b>			
39. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		40. DATE <b>10/11/51</b>	
41. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cem.</b>		42. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>	
43. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 10 1951</b>		44. REGISTRAR'S SIGNATURE <b>Wm J. Jackson</b>	
45. FUNERAL DIRECTOR <b>Wm J. Jackson &amp; Son Inc</b>		46. ADDRESS <b>Baltimore</b>	

VS 150

83a

WATLEY  
CONGRESS  
FUND  
100% RACIAL  
U.S. DEPT. OF JUSTICE



520 51 8705

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8705  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. PLACE OF DEATH:  
Baltimore City, Maryland3. FULL NAME OF  
(If not in hospital or institution, give street address or  
location)  
Hospital for Women  
Baltimore, Maryland

4. Length of stay in Baltimore 5

5. SEX Female 6. COLOR OR RACE white 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify) Single8. A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
School Teacher10B. KIND OF BUSINESS OR  
INDUSTRY  
School Teacher

9. FATHER'S NAME

William K. Bangs

11. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)  
No12. SOCIAL  
SECURITY NO.  
Unknown13. DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

14. DATE OF OPERATION

15. MAJOR FINDINGS OF OPERATION

16. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)17. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)18. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)19. TIME (Month) (Day) (Year) (Hour)  
of INJURY

20. INJURY OCCURRED

21. WHILE AT ☐ NOT WHILE  
WORK AT WORK

22. HOW DID INJURY OCCUR?

23. I hereby certify that I attended the deceased from Oct 1, 1951 to Oct 10, 1951, that I last saw the  
deceased alive on Oct 9, 1951, and that death occurred at 12:10 A.M., from the causes and on the date stated above.

24. SIGNATURE

25. ADDRESS  
of Maryland Baltimore, Md.

26. DATE SIGNED

27. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Removal

28. DATE

29. NAME OF CEMETERY OR CREMATORY

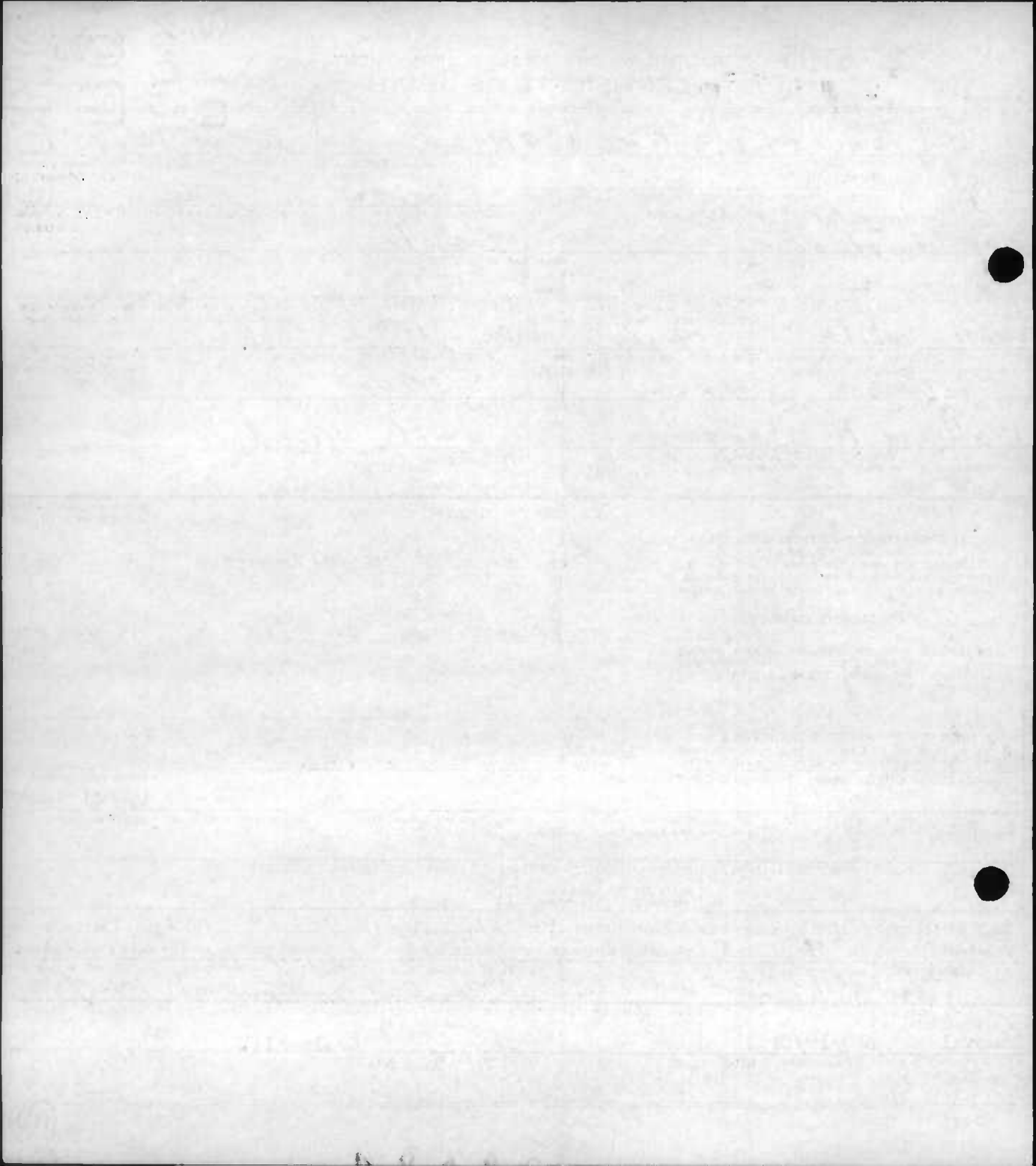
30. LOCATION (City, town, or county) (State)

31. DATE RECEIVED BY  
LOCAL REGISTRAR

32. REGISTRAR'S SIGNATURE

33. FUNERAL DIRECTOR

34. ADDRESS



431 51 8706

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8706

BIRTH NO. 51-23854

1. NAME OF DECEASED  
(Type or Print)

Kathleen Briget Kilduff

2. DATE  
OF  
DEATH

Oct. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Doctors Hospital

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

Doctors Hospital

C. Length of stay in Baltimore

2 days

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

infant

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

printer

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Eugene Aloyovis Kilduff

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

Oct. 6, 1951

9. AGE (In years  
last birthday)11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

52 39

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary Irene Poehler

17. INFORMANT

mother

ADDRESS

18. 762.0

## CAUSE OF DEATH

Atelectasis of r. lung.

INTERVAL BETWEEN  
ONSET AND DEATH

2 days

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 6, 1951, to Oct 8, 1951, that I last saw the  
deceased alive on Oct 8, 1951, and that death occurred at 1045 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10-10-51

XXXXXXXXX Holy Redeemer Cem

City

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 10 1951

William Williams, M.D.

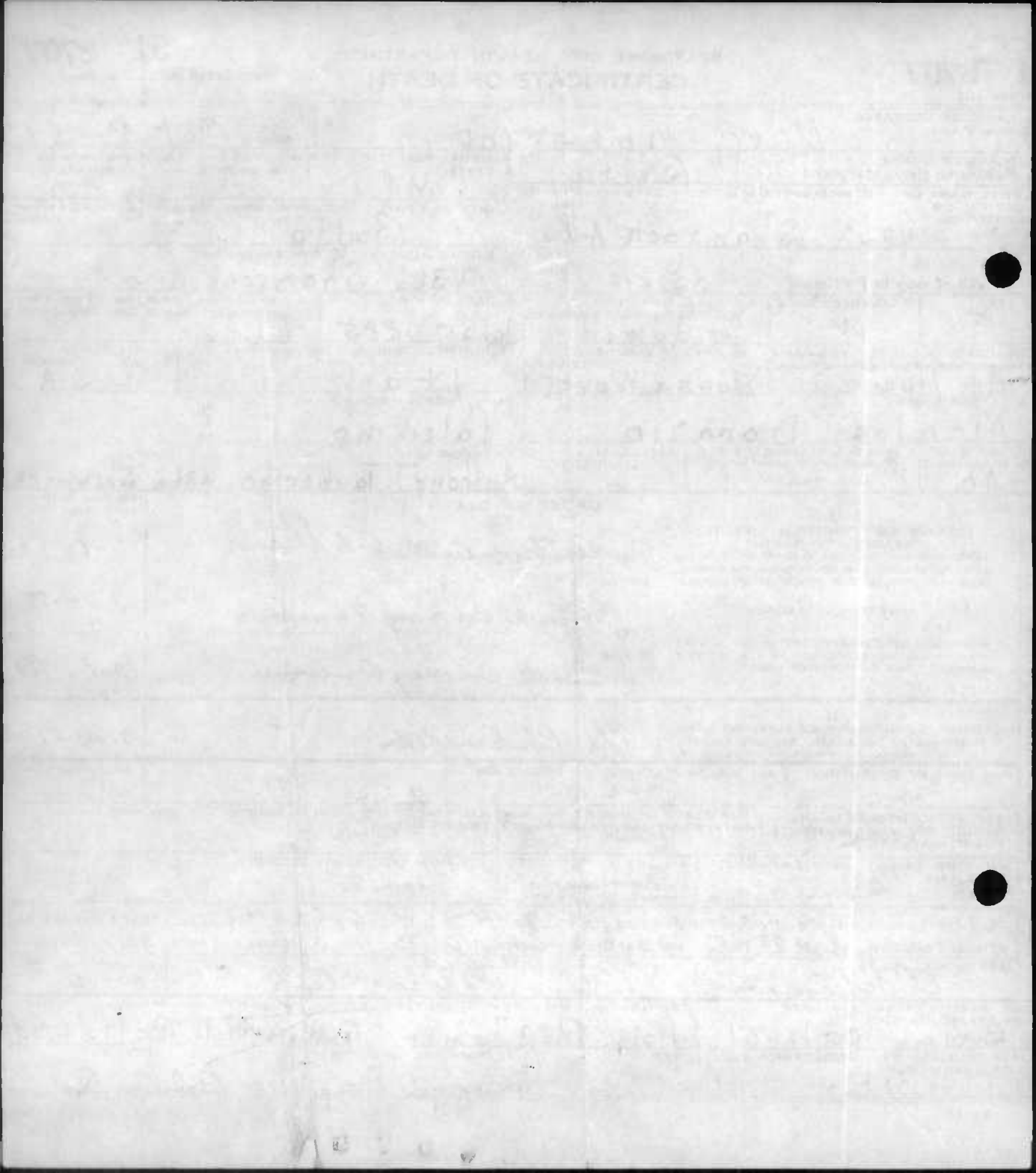
WFEDEFFELD &amp; SON

GREENMOUNT AVE &amp; 22ND



516  
1 8707BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8707  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Mary Tamberino		Oct 8-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.	
5. FULL NAME OF HOSPITAL OR INSTITUTION 4362 Shamrock Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 26-07	
6. Length of stay in Baltimore 35 yrs.		D. STREET ADDRESS (If rural, give location) 4362 Shamrock Ave	
7. SEX F.	8. COLOR OR RACE W.	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. DATE OF BIRTH Jan 25 1885
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		12. AGE (in years last birthday) 66	
13. FATHER'S NAME Nicklos Donazio		14. BIRTHPLACE (State or foreign country) Italy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. CITIZEN OF WHAT COUNTRY? U.S.A.	
17. SOCIAL SECURITY NO.		18. INFORMANT ADDRESS Anthony T. Tamberino 4362 Shamrock Ave	
19. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		20. INTERVAL BETWEEN ONSET AND DEATH (A) Arthur's death C.V. disease 7-14-51 (B) Aunt Corney Throatitis 7-14-51 (C) Aunt Corney Oculum Oct 8/51	
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chi. Chokephidic		22. 7-14-51	
23. DATE OF OPERATION None		24. MAJOR FINDINGS OF OPERATION None	
25. DATE OF OPERATION None		26. MAJOR FINDINGS OF OPERATION None	
27. DATE OF OPERATION None		28. MAJOR FINDINGS OF OPERATION None	
29. DATE OF OPERATION None		30. MAJOR FINDINGS OF OPERATION None	
31. DATE OF OPERATION None		32. MAJOR FINDINGS OF OPERATION None	
33. DATE OF OPERATION None		34. MAJOR FINDINGS OF OPERATION None	
35. DATE OF OPERATION None		36. MAJOR FINDINGS OF OPERATION None	
37. DATE OF OPERATION None		38. MAJOR FINDINGS OF OPERATION None	
39. DATE OF OPERATION None		40. MAJOR FINDINGS OF OPERATION None	
41. DATE OF OPERATION None		42. MAJOR FINDINGS OF OPERATION None	
43. DATE OF OPERATION None		44. MAJOR FINDINGS OF OPERATION None	
45. DATE OF OPERATION None		46. MAJOR FINDINGS OF OPERATION None	
47. DATE OF OPERATION None		48. MAJOR FINDINGS OF OPERATION None	
49. DATE OF OPERATION None		50. MAJOR FINDINGS OF OPERATION None	
51. DATE OF OPERATION None		52. MAJOR FINDINGS OF OPERATION None	
53. DATE OF OPERATION None		54. MAJOR FINDINGS OF OPERATION None	
55. DATE OF OPERATION None		56. MAJOR FINDINGS OF OPERATION None	
57. DATE OF OPERATION None		58. MAJOR FINDINGS OF OPERATION None	
59. DATE OF OPERATION None		60. MAJOR FINDINGS OF OPERATION None	
61. DATE OF OPERATION None		62. MAJOR FINDINGS OF OPERATION None	
63. DATE OF OPERATION None		64. MAJOR FINDINGS OF OPERATION None	
65. DATE OF OPERATION None		66. MAJOR FINDINGS OF OPERATION None	
67. DATE OF OPERATION None		68. MAJOR FINDINGS OF OPERATION None	
69. DATE OF OPERATION None		70. MAJOR FINDINGS OF OPERATION None	
71. DATE OF OPERATION None		72. MAJOR FINDINGS OF OPERATION None	
73. DATE OF OPERATION None		74. MAJOR FINDINGS OF OPERATION None	
75. DATE OF OPERATION None		76. MAJOR FINDINGS OF OPERATION None	
77. DATE OF OPERATION None		78. MAJOR FINDINGS OF OPERATION None	
79. DATE OF OPERATION None		80. MAJOR FINDINGS OF OPERATION None	
81. DATE OF OPERATION None		82. MAJOR FINDINGS OF OPERATION None	
83. DATE OF OPERATION None		84. MAJOR FINDINGS OF OPERATION None	
85. DATE OF OPERATION None		86. MAJOR FINDINGS OF OPERATION None	
87. DATE OF OPERATION None		88. MAJOR FINDINGS OF OPERATION None	
89. DATE OF OPERATION None		90. MAJOR FINDINGS OF OPERATION None	
91. DATE OF OPERATION None		92. MAJOR FINDINGS OF OPERATION None	
93. DATE OF OPERATION None		94. MAJOR FINDINGS OF OPERATION None	
95. DATE OF OPERATION None		96. MAJOR FINDINGS OF OPERATION None	
97. DATE OF OPERATION None		98. MAJOR FINDINGS OF OPERATION None	
99. DATE OF OPERATION None		100. MAJOR FINDINGS OF OPERATION None	





462

1 8708

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8708

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary J. Zellers

2. DATE  
OF  
DEATH

October 8, 1951

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or  
location)HOSPITAL OR  
INSTITUTION

1308 Wilcox Street

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1308 Wilcox Street

Length of stay in Baltimore

Yrs.  
Mos.  
Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

housewife

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

3. FATHER'S NAME

Phillip McAleer

14. MOTHER'S MAIDEN NAME

Catherine Keleher

5. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

William J. Quinn, 1308 Wilcox Street

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Coronary Thrombosis  
Essential Hypertension  
Cardiac Dilatation  
myocardial infarction2 days  
P

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 10-6-51 to 10-8-51, that I last saw the  
deceased alive on 10-8-51, and that death occurred at 10-8-51, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 10 1951

VS 150

Wm. Cook, Inc., 1217 St. Paul Street

94a



VALLEY  
CONCRETE  
BOND  
102949

200  
1 8709  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8709  
Registered No.

1. NAME OF DECEASED (Type or Print)		Joseph R. Moss, Sr.		2. DATE OF DEATH October 9, 1951	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)		A. STATE Maryland			
6. HOSPITAL OR INSTITUTION 4600 White Avenue		B. COUNTY Baltimore			
7. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write BUREAU and give township) 26-01 Baltimore			
8. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4600 White Avenue			
9. SEX male	10. COLOR OR RACE white	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	12. DATE OF BIRTH March 6, 1865	13. AGE (In years last birthday) 86	14. Under 1 Year Months: Days
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) et - Stationary Engineer		16. KIND OF BUSINESS OR INDUSTRY		17. BIRTHPLACE (State or foreign country) S. Wales	
18. FATHER'S NAME Robert Moss		19. MOTHER'S MAIDEN NAME --		20. CITIZEN OF WHAT COUNTRY?	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		22. SOCIAL SECURITY NO.		23. INFORMANT ADDRESS Mrs. Edward J. Donaghy, 6223 Liberty Road	
24. 18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Carcinoma Sigmoid DUE TO C DUE TO C DUE TO C		25. INTERVAL BETWEEN ONSET AND DEATH 1 yr 3 mo		26. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
27. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
28. 19A. DATE OF OPERATION June 11-1950		29. 19B. MAJOR FINDINGS OF OPERATION Carcinoma		30. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
31. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		32. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		33. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
34. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		35. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		36. 21F. HOW DID INJURY OCCUR?	
37. 22. I hereby certify that I attended the deceased from June, 1950, to Oct 9, 1951, that I last saw the deceased alive on Oct 1, 1951, and that death occurred at 6 a. m., from the causes and on the date stated above.					
38. 23A. SIGNATURE S. Standury		39. 23B. ADDRESS 3805 Belair Rd.		40. 23C. DATE SIGNED Oct 9/51	
41. 4A. BURIAL, CREMATION, REMOVAL (Specify) burial		42. 24B. DATE 10/12/51		43. 24C. NAME OF CEMETERY OR CREMATORY Moreland Park Cemetery	
44. 24D. LOCATION (City, town, or county) (State) Parkville, Maryland		45. 25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street			

OCT 10 1951  
VS 150

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UNITED STATES

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8710  
Registered No. 51 8710

1. NAME OF DECEASED (Type or Print) *Roberta Johnson Saunders*

2. DATE OF DEATH *Oct. 8, 1951*

3. PLACE OF DEATH: *Johns Hopkins Hospital*

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
A. STATE *Ad. Virginia* B. COUNTY *V-43*

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION *Johns Hopkins Hospital*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Baltimore Whaleyville*

7. STREET ADDRESS (If rural, give location)  
*RTE # 1, Box 207*

8. DATE OF BIRTH *Dec. 9, 1890*

9. AGE (in years, last birthday) *60*

10. CITIZEN OF WHAT COUNTRY? *U. S. A.*

11. BIRTHPLACE (State or foreign country) *North Carolina*

12. MOTHER'S MAIDEN NAME *Isabelle*

13. FATHER'S NAME *Dallas Roberts*

14. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) *No*

15. SOCIAL SECURITY NO. *JOHNS HOPKINS HOSPITAL*

16. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

17. CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) *Carcinomatosis*

19. ANTECEDENT CAUSES

20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21. DATE OF OPERATION *10/8*

22. MAJOR FINDINGS OF OPERATION

23. AUTOPSY? YES ☐ NO ☒

24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

27. TIME (Month) (Day) (Year) (Hour) INJURY

28. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

29. HOW DID INJURY OCCUR?

30. I hereby certify that I attended the deceased from *10/8*, 19*51*, to *10/8*, 19*51*, that I last saw the deceased alive on *10/8*, 19*51*, and that death occurred at *12:00* m., from the causes and on the date stated above.

31. SIGNATURE *John & Busby* M. O. *JOHNS HOPKINS HOSPITAL*

32. DATE SIGNED *10-8-51*

33. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

34. DATE *Oct 12-51*

35. NAME OF CEMETERY OR CREMATORY *Langston Cn*

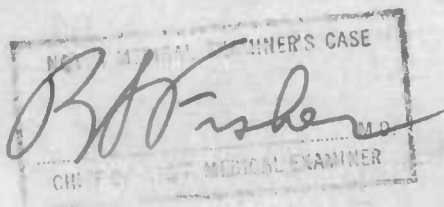
36. LOCATION (City, town, or county) (State) *Whaleyville, Va.*

37. DATE RECEIVED BY REGISTRAR *OCT 10 1951*

38. REGISTRAR'S SIGNATURE *John & Busby*

39. FUNERAL DIRECTOR ADDRESS *James A. Davis 638 N. 9th St*

40. VS 150 *Med. Rf Released to hospital* *55E*



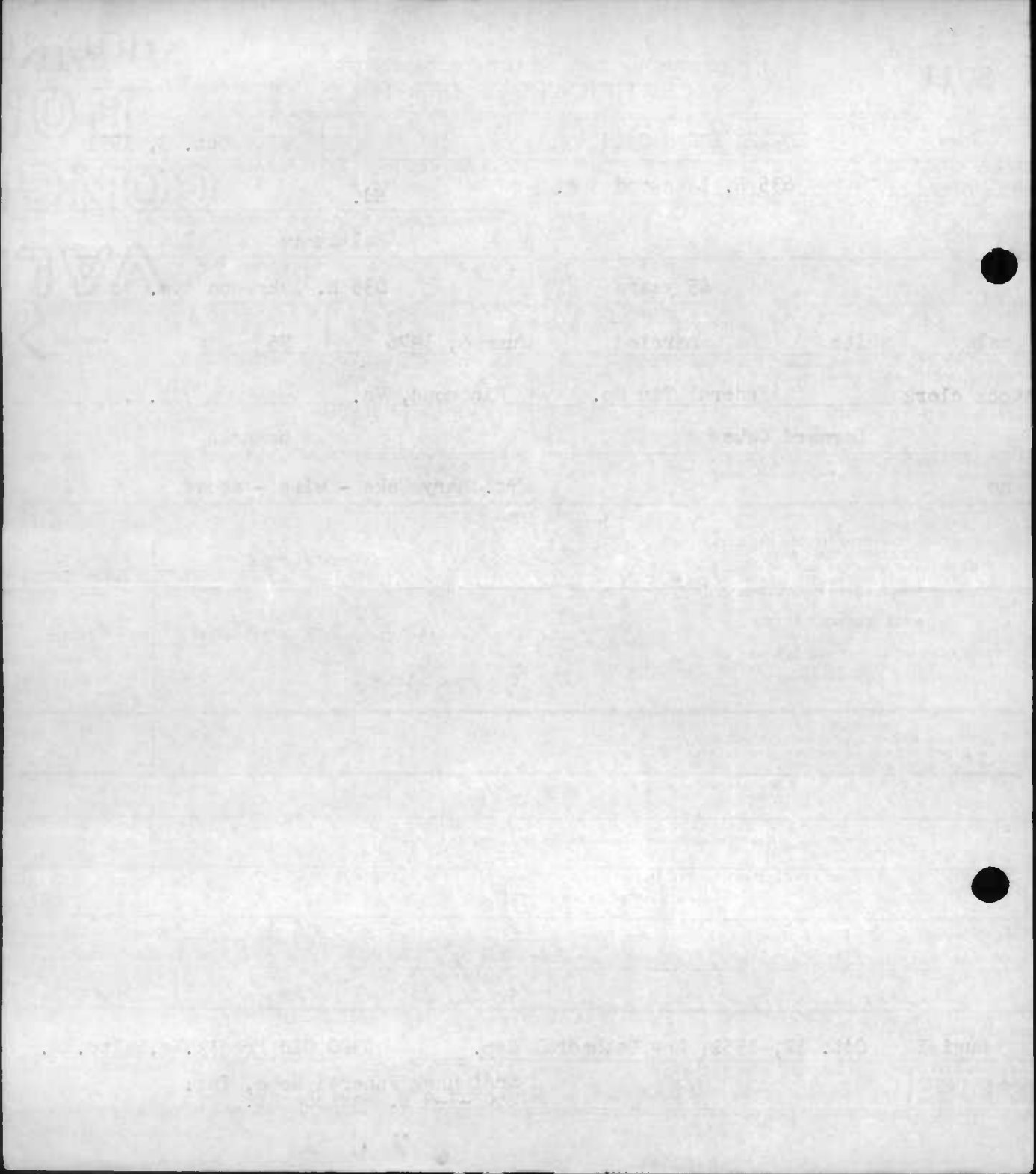
200  
8711BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8711

Registered No.

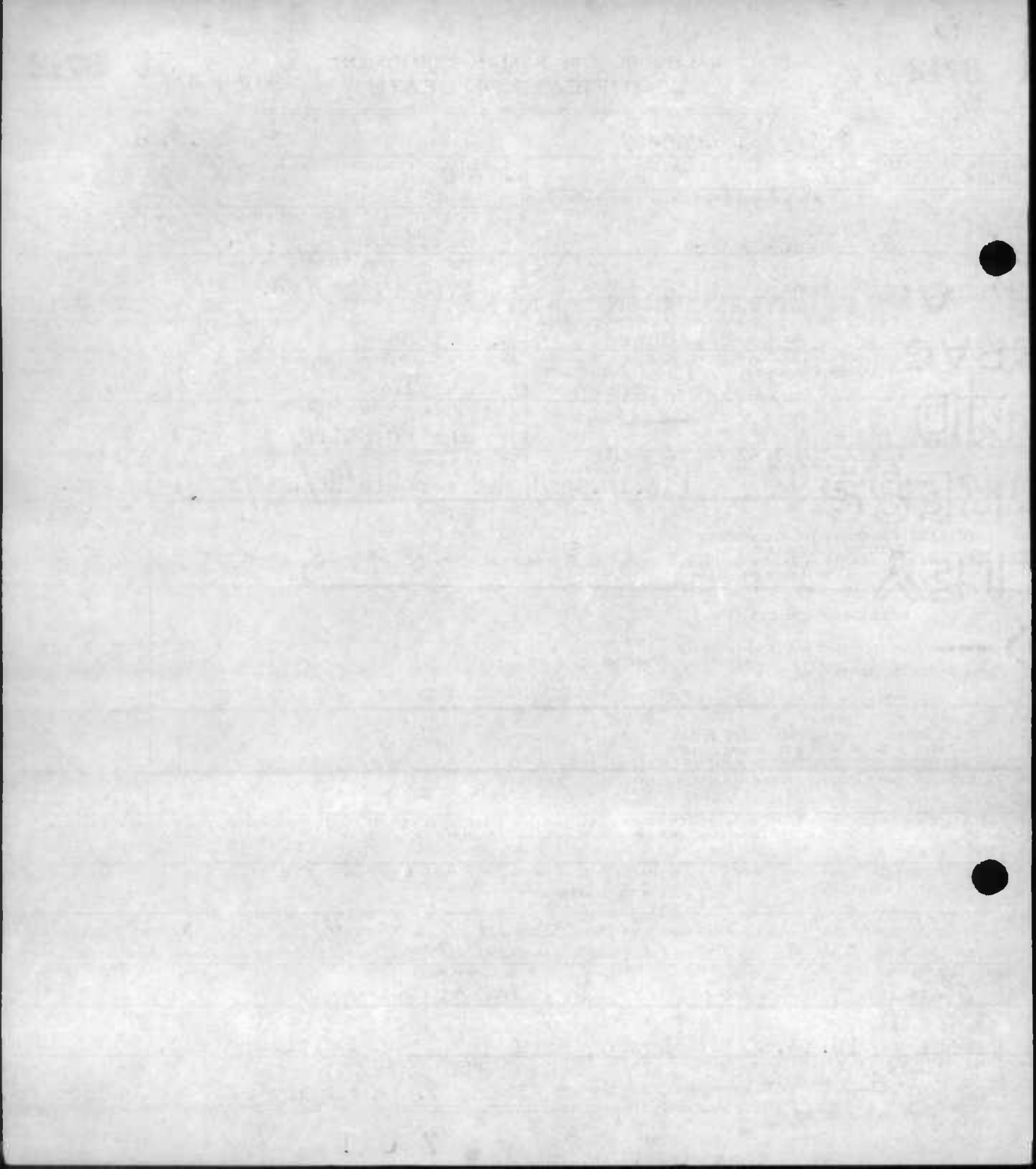
IRTH NO.

NAME OF DECEASED (Type or Print)		EDWARD EDGAR CAKE		2. DATE OF DEATH Oct. 8, 1951	
PLACE OF DEATH: Baltimore City, Maryland 635 N. Lakewood Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-02			
Length of stay in Baltimore 45 years		D. STREET ADDRESS (If rural, give location) 635 N. Lakewood Ave.			
SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 6, 1876	9. AGE (In years last birthday) 75	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stock clerk		10B. KIND OF BUSINESS OR INDUSTRY Federal Tin Co.		11. BIRTHPLACE (State or foreign country) Richmond, Va.	
12. CITIZEN OF WHAT COUNTRY? U.S.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME Bernard Cake		14. MOTHER'S MAIDEN NAME unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Mary Cake - wife - above	
18. 355X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cerebral Hemorrhage DUE TO Decomposition of Heart DUE TO Atherosclerosis INTERVAL BETWEEN ONSET AND DEATH 1 hr. 2 years year					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OCT 10 1951		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 1, 1951, to Oct 8, 1951, that I last saw the deceased alive on 10-3, 1951, and that death occurred at 9 P. m., from the causes and on the date stated above.					
23A. SIGNATURE William R. Feeney		23B. ADDRESS 3025 Belair Road		23C. DATE SIGNED 10-10-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct. 12, 1951		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.		24F. LOCATION (City, town, or county) (State) 4300 Old Fred'k. Rd. Balto. Md.	
25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.		26. ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.			





530 1 8712		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 51 8712	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Daisy M. Kennedy			2. DATE OF DEATH 10.9.51		
3. PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 16-07		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2730 Riggs Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2730 Riggs Ave.		
7. SEX F	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. DATE OF BIRTH 2.10.1884	11. AGE (In years last birthday) 67	12. If Under 1 Year Months: Days
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady			14. BIRTHPLACE (State or foreign country) Maryland		
15. KIND OF BUSINESS OR INDUSTRY Hoper-Mcgraw			16. CITIZEN OF WHAT COUNTRY? USA		
17. FATHER'S NAME Lewis Hahn			18. MOTHER'S MAIDEN NAME Martha Shirey		
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO			20. SOCIAL SECURITY NO. 213.12.8456		
21. INFORMANT Miss Mable Hahn			22. ADDRESS 2730 Riggs Ave.		
23. 141X I CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)					
(A) Carcinoma of the tongue					
DUE TO					
ANTECEDENT CAUSES					
(B)					
DUE TO					
(C)					
INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
24. DATE OF OPERATION 0		25. MAJOR FINDINGS OF OPERATION		26. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
27. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
30. TIME (Month) (Day) (Year) (Hour)		31. INJURY OCCURRED		32. HOW DID INJURY OCCUR?	
33. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
34. I hereby certify that I attended the deceased from Mar. 1, 1949 to Oct 9, 1951, that I last saw the deceased alive on Oct. 9, 1951, and that death occurred at 11:00 P.m., from the causes and on the date stated above.					
35. SIGNATURE Francis B. Dickey		36. ADDRESS 715 N. Charles St.		37. DATE SIGNED Oct. 10, 1951	
38. BURIAL, CREMATION, REMOVAL (Specify) Burial		39. DATE 10.13.51		40. NAME OF CEMETERY OR CREMATORY Loudon Park	
41. LOCATION (City, town, or county) Baltimore Md..		42. (State)			
43. RECEIVED BY LOCAL REGISTRAR OCT 10 1951		44. REGISTRAR'S SIGNATURE		45. FUNERAL DIRECTOR John T. Stansbury	
46. ADDRESS 2700 Edmondson Av.					
VS 150 4966A 201 45B					



52  
1 8713BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X Registered No. 51 8713

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Bertha M. Cunningham

2. DATE  
OF  
DEATH

10 9 51

3. PLACE OF DEATH:

Baltimore City, Maryland

Baltimore

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Pasadena, Md.

B. COUNTY

Anne Arundel  
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

Box 150-B Magodthy Beach Pasadena, Md.

5. Length of stay in Baltimore

60 Yrs

Yrs.  
Mos.  
Days6. SEX  
Female6. COLOR OR RACE  
White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

May 28, 1891

9. AGE (in years  
last birthday)

60

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Own Home

3. FATHER'S NAME

Emil Cougnat

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
U S A5. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Geo. A. Cunningham Pasadena, Md.

18. 415X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Pulm. Edema  
DUE TO cardiac failure

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Rheumatic Cardiac Numb  
DUE TO DiseaseII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-12, 1957, to 10-9, 1957, that I last saw the  
deceased alive on 10-9, 1957, and that death occurred at 10:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

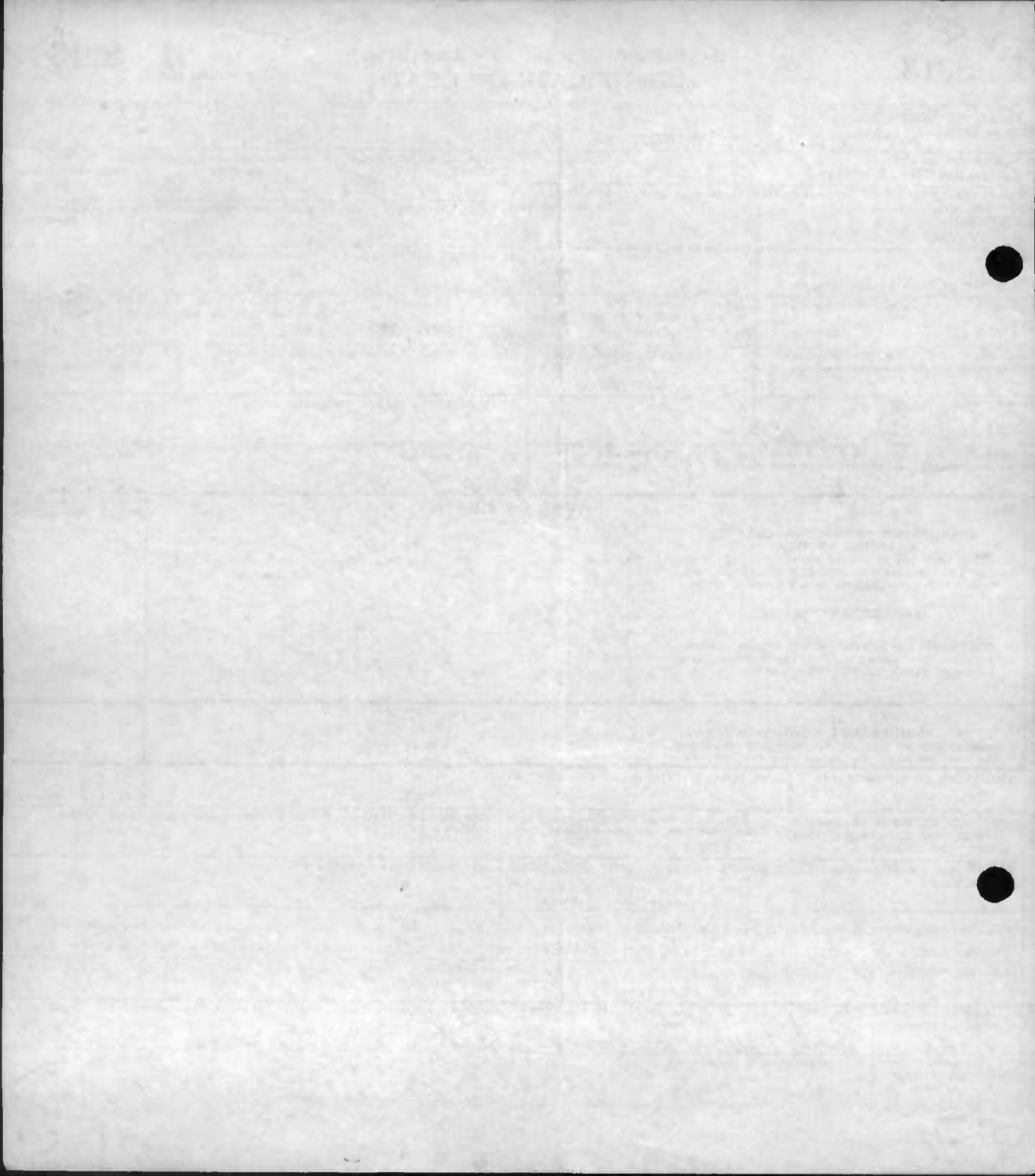
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VS 150

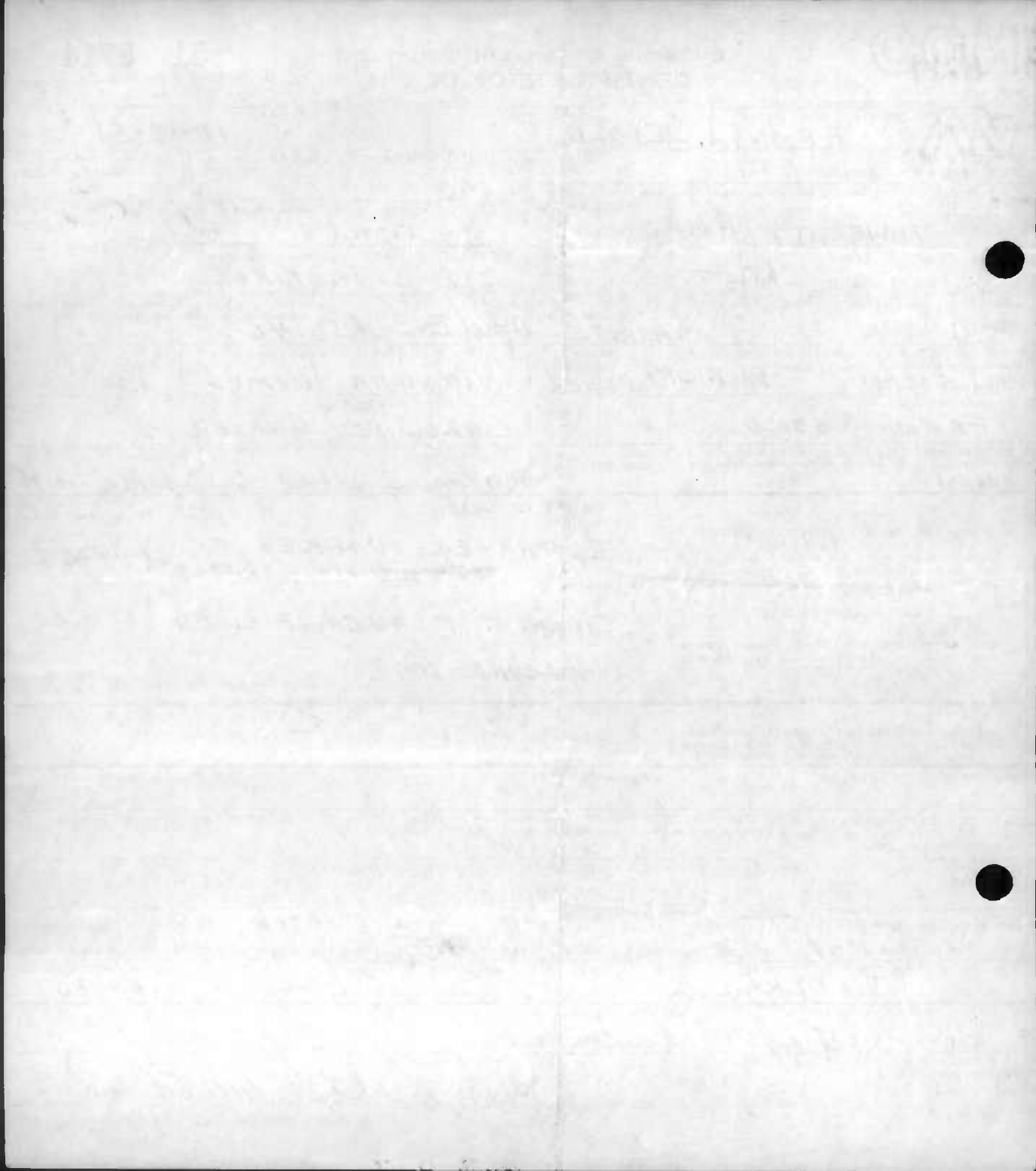
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ave.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				51 8714 Registered No.	
1. NAME OF DECEASED (Type or Print) <b>HENRY J. SEBOLD</b>				2. DATE OF DEATH <b>10-10-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY <b>20-03</b>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>UNIVERSITY HOSP.</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
6. Length of stay in Baltimore <b>life - 3</b>				D. STREET ADDRESS (If rural, give location) <b>622 S. MONROE</b>	
7. SEX <b>M</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	10. DATE OF BIRTH <b>April 23, 1905</b>	11. AGE (In years last birthday) <b>46</b>	12. If Under 1 Year: Months: Days; If Under 24 Hours: Hours: Min.
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>POLICE MAN</b>			14. BIRTHPLACE (State or foreign country) <b>VIRGINIA INEMER</b>		
15. KIND OF BUSINESS OR INDUSTRY <b>BALT. CITY POLICE</b>			16. CITIZEN OF WHAT COUNTRY? <b>US</b>		
17. FATHER'S NAME <b>FRANK SEBOLD</b>			18. MOTHER'S MAIDEN NAME <b>CAROLINE GERBER</b>		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>UNKNOWN</b>			20. SOCIAL SECURITY NO.		
21. INFORMANT <b>Mrs Virginia Sebald</b>			22. ADDRESS <b>622 S. Monroe St</b>		
23. CAUSE OF DEATH					
24. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ESOPHAGEAL VARICES, HEMORRHAGE</b>					
25. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>CIRRHOSIS (+ CANCER) OF LIVER</b>					
26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT. <b>ALCOHOLISM</b>					
27. DATE OF OPERATION <b>0</b>		28. MAJOR FINDINGS OF OPERATION		29. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
30. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		31. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		32. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
33. TIME (Month) (Day) (Year) (Hour) OF INJURY		34. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		35. HOW DID INJURY OCCUR?	
36. I hereby certify that I attended the deceased from <b>10-7</b> , 19 <b>51</b> , to <b>10-10</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-10</b> , 19 <b>51</b> , and that death occurred at <b>3:35</b> m., from the causes and on the date stated above.					
37. SIGNATURE <b>Geo M. Hume</b>		38. ADDRESS <b>University Hosp.</b>		39. DATE SIGNED <b>10-10-51</b>	
40. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		41. DATE <b>Oct 13/51</b>		42. NAME OF CEMETERY OR CREMATORY <b>London Park</b>	
43. LOCATION (City, town, or county) <b>Balto. Md.</b>		44. STATE <b>Md.</b>		45. REGISTRAR'S SIGNATURE <b>William W. Williams</b>	
46. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 10 1951</b>		47. FUNERAL DIRECTOR <b>Harry J. Witzke</b>		48. ADDRESS <b>4101 Edmondson</b>	
VS 150 <b>773 93</b> <b>46F</b>					



20  
1 8715BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8715

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>John J. Jones</b>		2. DATE OF DEATH <b>Oct. 8/51</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>3214 Leeds St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. LENGTH OF STAY IN BALTIMORE <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>3214 Leeds St.</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>W.</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	10. DATE OF BIRTH <b>Oct. 1, 1887</b>
11. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Varnish Dept.</b>		12. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>	
13. FATHER'S NAME <b>Harry Jones</b>		14. MOTHER'S MAIDEN NAME <b>Barbara Miller</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Louis Jones</b>		18. ADDRESS <b>3214 Leeds St.</b>	

19. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>(A) Cerebral Hemorrhage</b> DUE TO <b>(B) Arteriosclerotic C.V.D.</b> DUE TO <b>(C)</b>		20. INTERVAL BETWEEN ONSET AND DEATH <b>8 mo</b>
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>May 1951</b> to <b>Oct 1951</b> , that I last saw the deceased alive on <b>Oct. 5, 1951</b> , and that death occurred at <b>4:00</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>J. J. Jones</b>		23B. ADDRESS <b>3325 Frederick Ave.</b>		23C. DATE SIGNED <b>10/10/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 11/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>		24E. FUNERAL DIRECTOR <b>Henry H. Antzler</b>		24F. ADDRESS <b>4101 Edmondson Ave.</b>	

VS 150

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John J. Brown

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51 8716

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8716

Registered No.

BIRTH NO. 51-25968

NAME OF DECEASED  
Type or Print)

BABY

BEASLEY

2. DATE  
OF  
DEATH

September 2, 1951

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)A. STATE  
Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or  
location)

732 W. Pierce St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

732 W. Pierce Street

6. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 2, 1951

9. AGE (in years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

5

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

3. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Janet

5. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(A) Prematurity

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
9/3/5124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

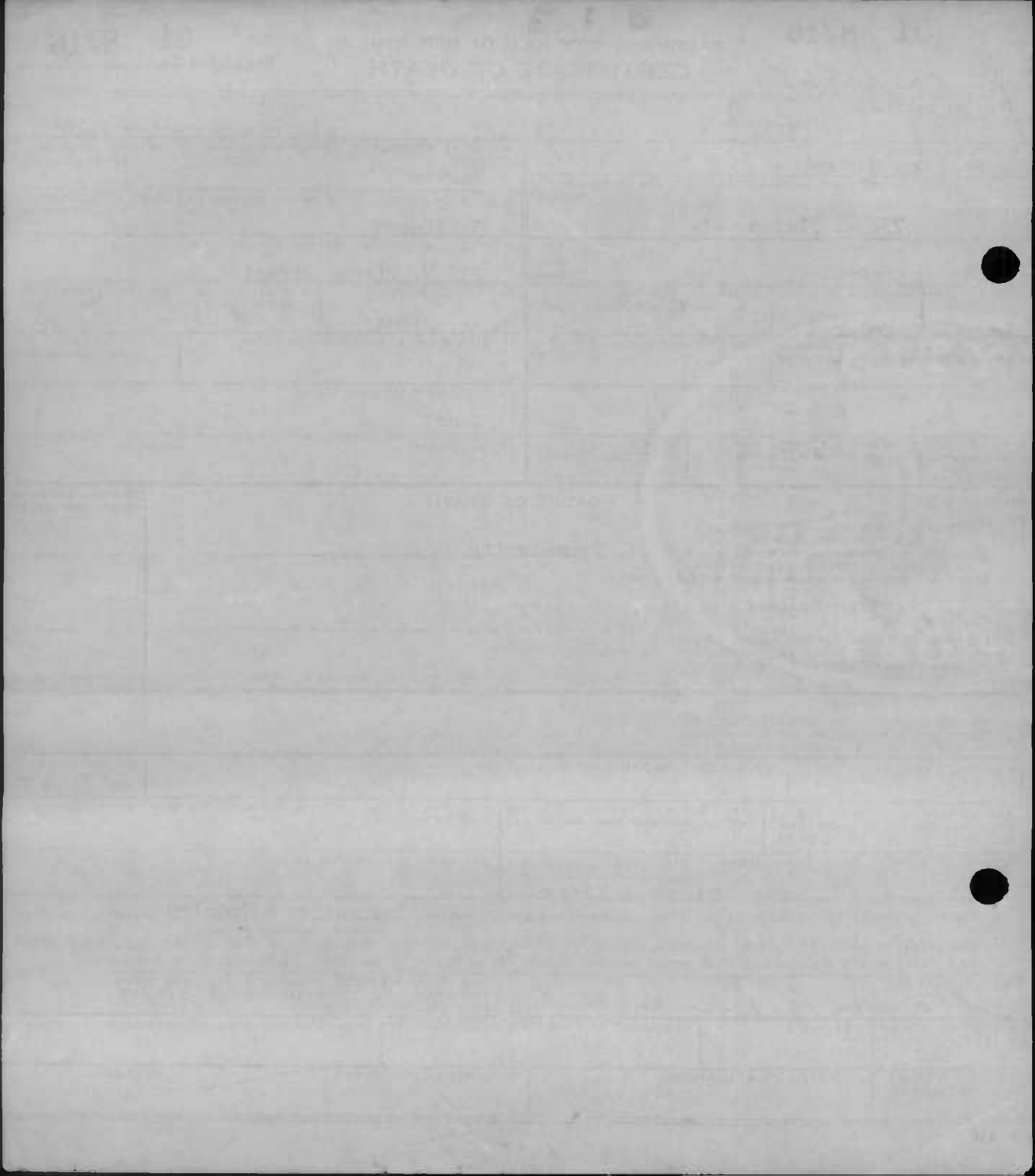
25. FUNERAL DIRECTOR

ADDRESS

checked at register 9/24/51

159

✓



51 8717  
 RTH NO. 51-11837

BALTIMORE CITY HEALTH DEPARTMENT  
 CERTIFICATE OF DEATH

51 8717  
 Registered No.

NAME OF DECEASED  
 Type or Print) **MATTHEW VINCENT** 2. DATE OF DEATH **September 25, 1951**

PLACE OF DEATH: **Baltimore City, Maryland** 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
 A. STATE **Maryland** B. COUNTY

FULL NAME OF (If not in hospital or institution, give street address or location) **South Baltimore General Hospital** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore 22-01**

D. STREET ADDRESS (If rural, give location) **821 S. Hanover Street**

Yrs. Mos. Days  
 Date of stay in Baltimore

5. SEX **Male** 6. COLOR OR RACE **Colored** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 9. AGE (In years last birthday) **14** 10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS

18. **Eg 21.0 N** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **(A) Aspiration of vomitus**

ANTECEDENT CAUSES **(B) Dehydration**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. **(C) Gastro-enteritis**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) **Home** 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? **821 S. Hanover Street 22/1**

21D. TIME (Month) (Day) (Year) (Hour) **Sept. 25, 1951 12:45P. m.** 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☒ AT WORK **Aspiration of vomitus**

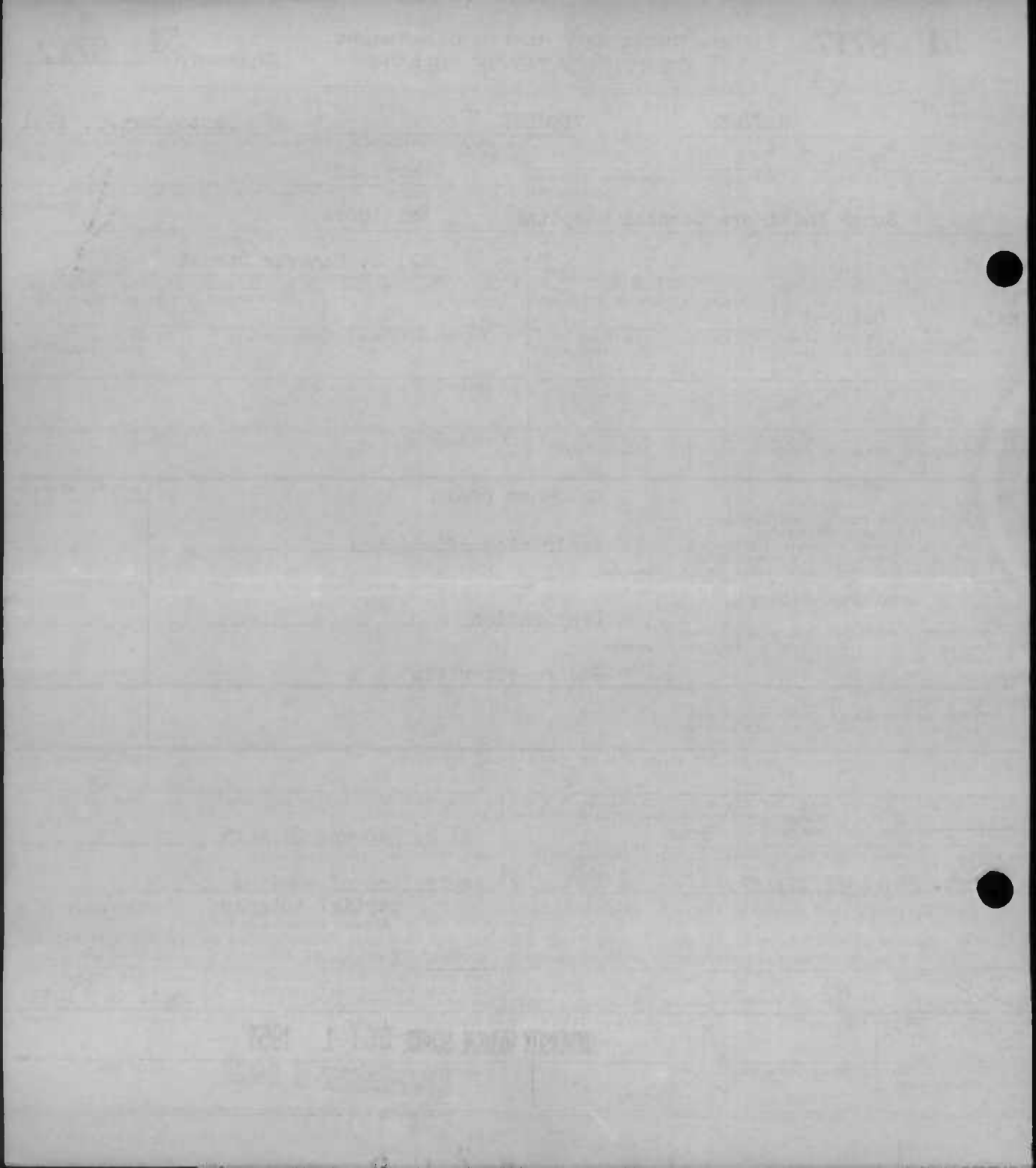
22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **Stanley B. Durelacher** 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **Sept. 26, 1951**

4A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR **Commissioner of Health** ADDRESS

S 151 **N-93310** **1951**



51 8718

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8718  
Registered No.

BIRTH NO. 51-20347

1. NAME OF DECEASED  
(Type or Print)

Infant Allen

2. DATE  
OF  
DEATH

8/31/51

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1624 N. Saratoga St.

5. Length of stay in Baltimore

6 Hrs

Yrs.  
Mos.  
Days

6. SEX

male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8/31/51

9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

6

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

3. FATHER'S NAME

Ariel Melvin

14. MOTHER'S MAIDEN NAME

Deborah Allen

5. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

See above

18. 776x I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Premature Birth

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

22. I hereby certify that I attended the deceased from 8/31, 1951, to 8/31, 1951, that I last saw the deceased alive on 8/31, 1951, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

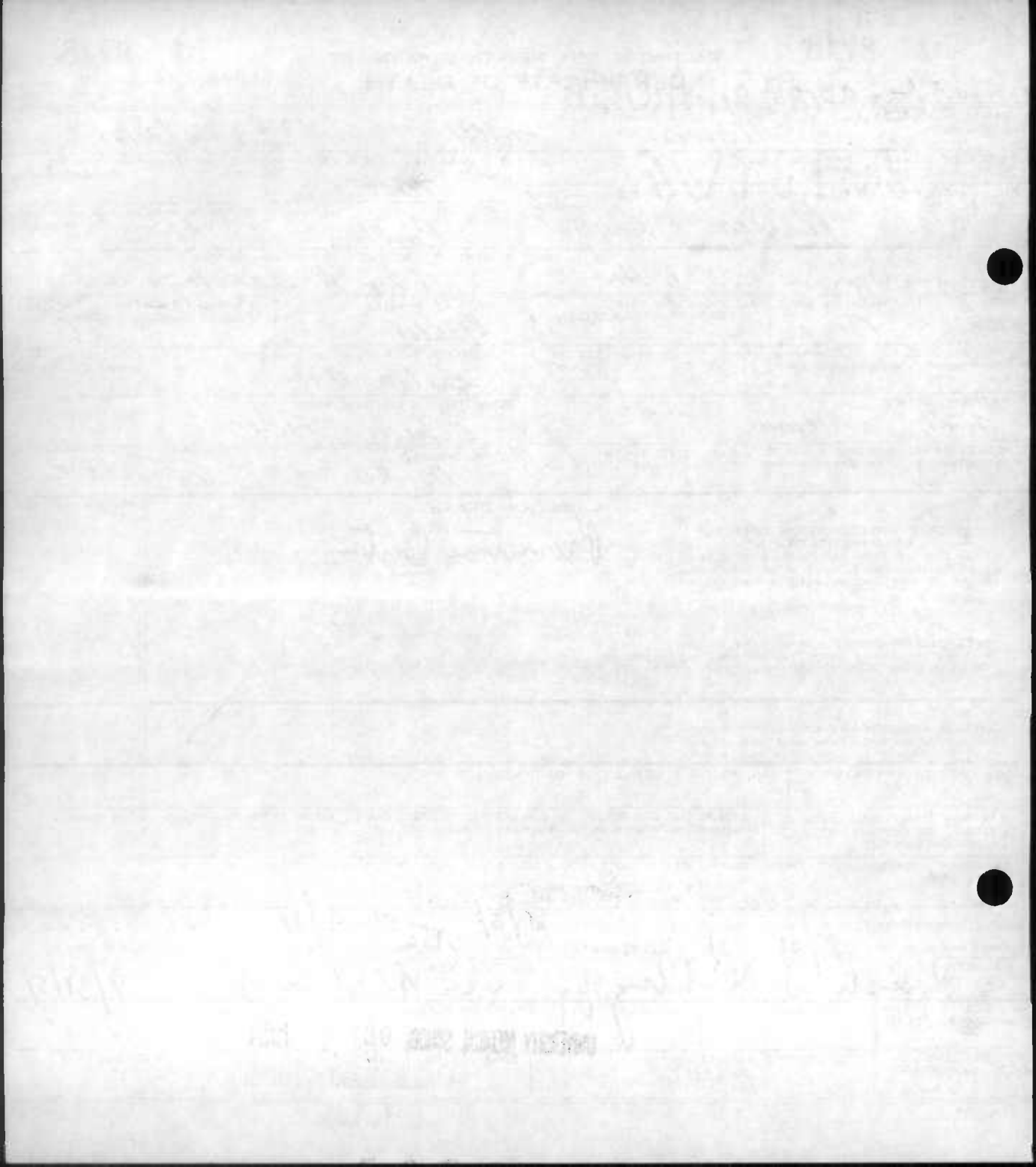
25. FUNERAL DIRECTOR

ADDRESS

OCT 10 1951

UNIVERSITY MEDICAL SCHOOL OCT 4 1951

Commissioner of Health





250 51 8719 BALTIMORE CITY HEALTH DEPARTMENT 51 8719

BIRTH NO. 51-22427 CERTIFICATE OF DEATH Registered No.

1. NAME OF DECEASED (Type or Print) **INFANT FEMALE MAZAN.** 2. DATE OF DEATH **9/28/51**

3. PLACE OF DEATH: **A. Baltimore City, Maryland** 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE **Maryland** B. COUNTY **6-04**

5. FULL NAME OF (If not in hospital or institution, give street address or location) **SINAI HOSP. OF BALTO.** C. CITY OR TOWN **BALTO. #31**  
(If outside corporate limits, write RURAL and give township)

6. LENGTH OF STAY IN BALTIMORE **0** Yrs. Mos. Days **0** D. STREET ADDRESS (If rural, give location) **228 N. Chester Street**

7. SEX **F** 8. COLOR OR RACE **WHITE** 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **NEWBORN** 10. DATE OF BIRTH **9/28/51** 11. AGE (In years last birthday) **3** 12. Under 1 Year Months: Days **10** 13. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **ALBERT MAZAN** 14. MOTHER'S MAIDEN NAME **RUTH BRADLEY**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS

18. **776X** CAUSE OF DEATH  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
**IMMATURE BIRTH**  
DUE TO  
ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
DUE TO  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **9/28/51** 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

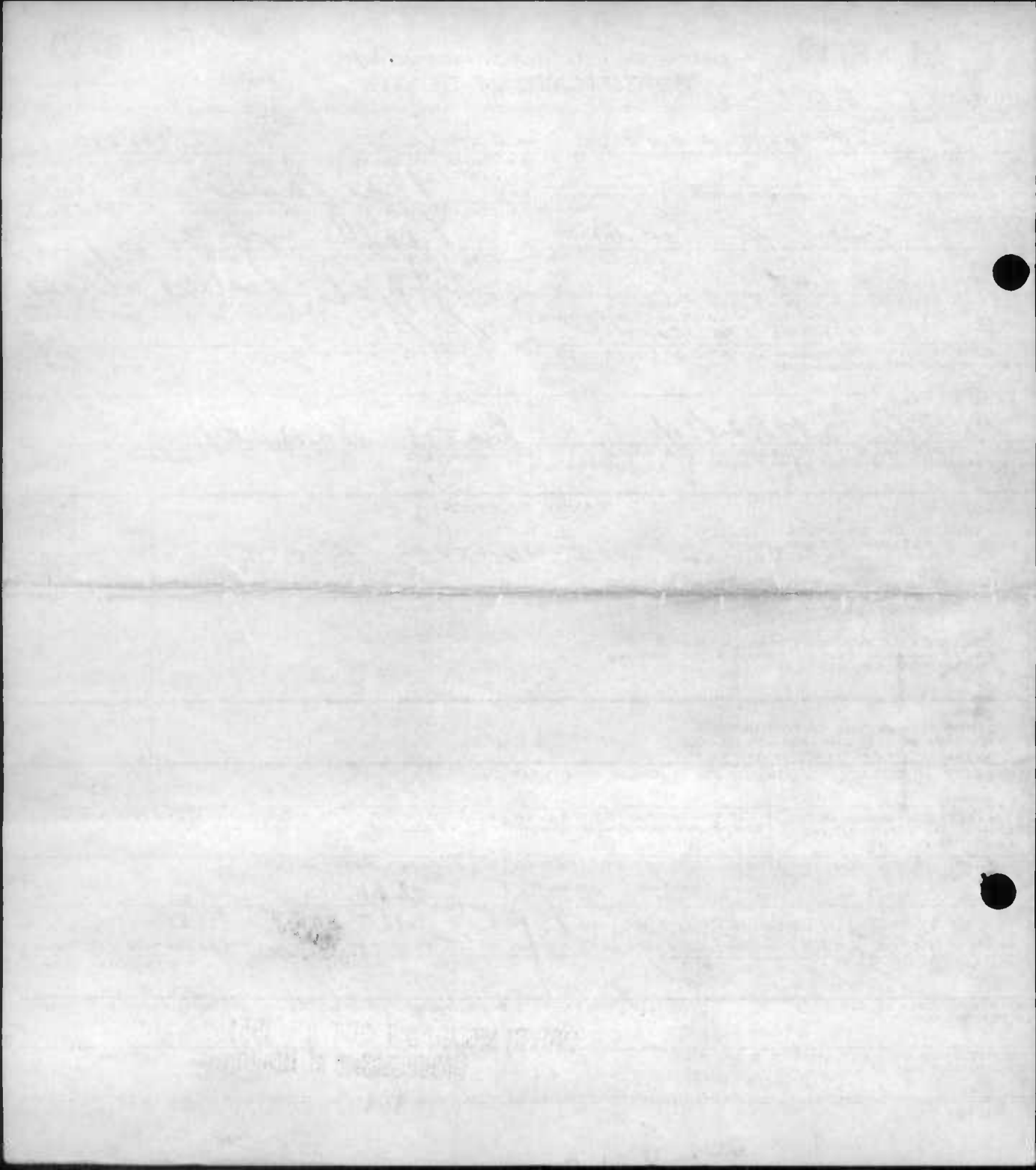
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? **12:32 A.M.**

22. I hereby certify that I attended the deceased from **9-28** 19**51**, to **9-28** 19**51**, that I last saw the deceased alive on **9-28** 19**51**, and that death occurred at **3:00 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Paul C. Weinberg** M.D. 23B. ADDRESS 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

25. FUNERAL DIRECTOR **UNIVERSITY MEDICAL SCHOOL OCT 3 1951** ADDRESS



525 B.C. # 51-22732			CERTIFICATE CORRECTED		10-16-51	
51 8720			BALTIMORE CITY HEALTH DEPARTMENT		51 8720	
BIRTH NO. 51-22732			CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Baby girl Johnson</i>			2. DATE OF DEATH <i>10-5-51</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY <i>17-02</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 1, Md.</i>			
D. STREET ADDRESS (If rural, give location) <i>540 Oxford St.</i>			Yrs. _____ Mos. _____ Days _____			
5. SEX <i>Female</i>			6. COLOR OR RACE <i>Caucas</i>			
7. SINGLE, MARRIED <i>WIDOWED, DIVORCED</i> (Specify)			8. DATE OF BIRTH <i>Sept. 28, Oct. 5, 1951</i>			
9. AGE (In years last birthday) _____			10. Under 1 Year Months _____ Days _____			
11. Under 24 Hours Hours _____ Min. _____			12. CITIZEN OF WHAT COUNTRY?			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			
13. FATHER'S NAME <i>Clyde Graham Jr.</i>			14. MOTHER'S MAIDEN NAME <i>Johnson, Geraldine</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			
17. INFORMANT <i>Geraldine Johnson</i>			ADDRESS _____			
18. <i>776x</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH			
(A) _____ DUE TO			(B) _____ DUE TO			
(C) _____ DUE TO			INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES			DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>						
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)						
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			
21F. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <i>9/28</i> , 1951, to <i>10/5</i> , 1951, that I last saw the deceased alive on <i>10/5</i> , 19 <i>51</i> , and that death occurred at <i>7:10</i> p. m., from the causes and on the date stated above.						
23A. SIGNATURE <i>J. E. Furman</i>			23B. ADDRESS <i>University Hospital</i>			
23C. DATE SIGNED <i>10/5/51</i>						
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE			
24C. NAME OF CEMETERY OR CREMATORY			24D. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 10 1951</i>			REGISTRAR'S SIGNATURE <i>William H. Williams</i>			
25. FUNERAL DIRECTOR <i>Commissioner of Health</i>			ADDRESS			

VS 150

159

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
OFFICE OF THE REGISTRAR  
ALBANY, N. Y.

50

51 8721

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8721  
Registered No.

BIRTH NO. 51-24179

1. NAME OF DECEASED  
(Type or Print)

PERRIN, Baby Girl

2. DATE  
OF  
DEATH

10/8/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Maryland, Baltimore  
Baltimore Turners Sta.

D. STREET ADDRESS (If rural, give location)

853 Avondale Av

c. Length of stay in Baltimore

2

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

10/6/51

9. AGE (In years  
last birthday)10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.

2

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Baby

10B. KIND OF BUSINESS OR  
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Ellsworth Perrin

14. MOTHER'S MAIDEN NAME

Lillian Spell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

same

18. 776x I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Immaturity

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

## II

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

no

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

no

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

no

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/6, 1951, to 10/8, 1951, that I last saw the  
deceased alive on 10/6, 1951, and that death occurred at 8 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Martin K. Carter

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

10/8/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL OCT 9, 1951

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William J. Williams, M.D.

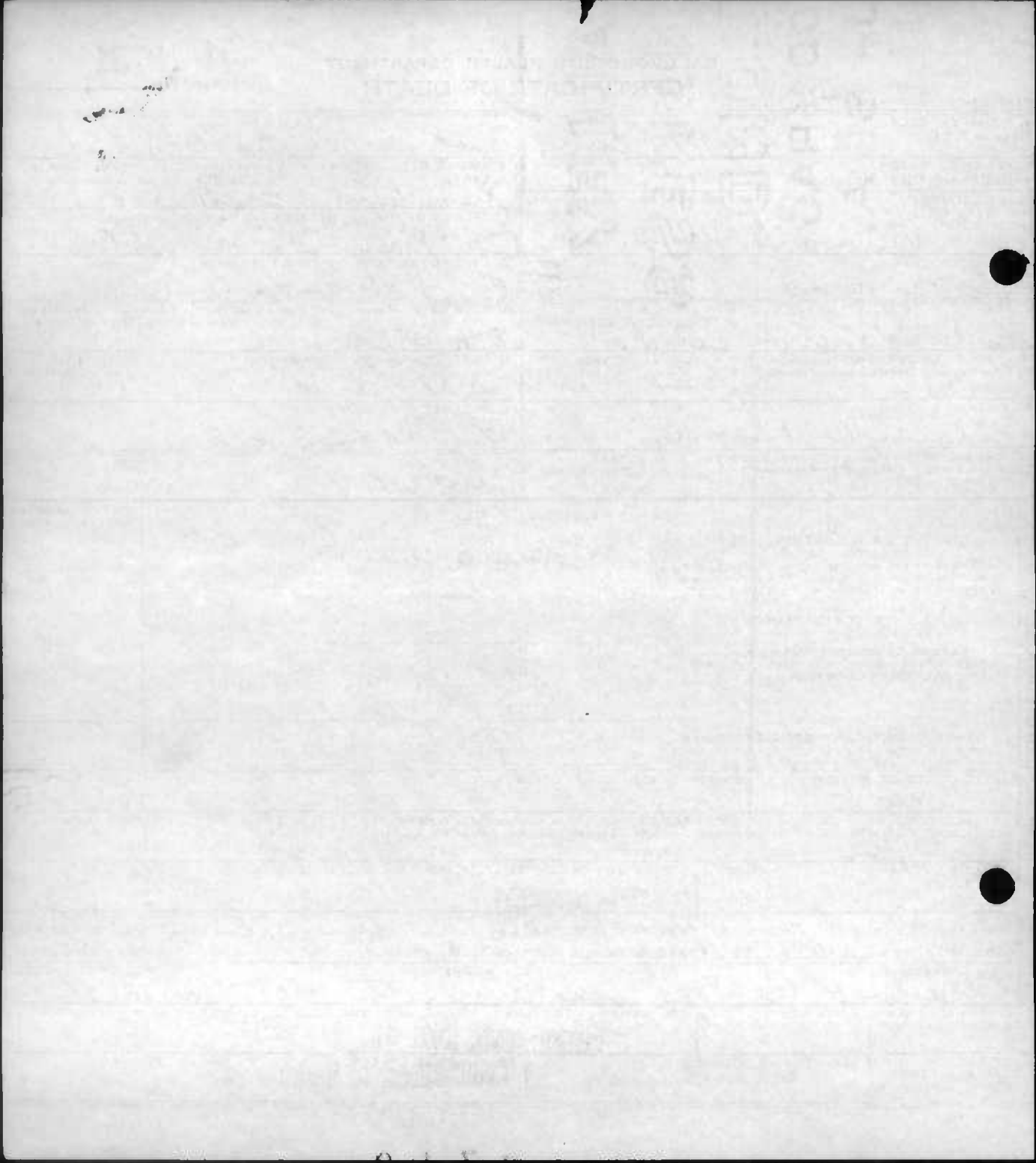
25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

VS 150

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51 8722  
Registered No. \_\_\_\_\_

NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:  
4. Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Length of stay in Baltimore

SEX	6. COLOR OR RACE
m	Negro

0A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

3. FATHER'S NAME

5. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

18. 776 x I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

## CAUSE OF DEATH

(A) Deatone Smith

DUE TO

(B) ..  
DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21p. TIME (Month) (Day) (Year) (Hour)  
COUNTRY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?



	WHILE AT WORK	NOT WHILE AT WORK
m.		

22. I hereby certify that I attended the deceased from 2-20-1917, to 8-19-1917, that I last saw the deceased alive on 8-19-1917, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

**RA ADDRESS**

23C DATE SIGNED

4A. BURIAL, ☒ CREMA-  
ON. REMOVAL (Specify)

24B. DATE

24g. NAME OF CEMETERY OR CREMATORY |

24D. LOCATION (City, town, or county) (State)

ATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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1879 - 1880

1880 - 1881

1881 - 1882

1882 - 1883

1883 - 1884

1884 - 1885





525

51 8724

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Thomas Johnson</i>		2. DATE OF DEATH <i>6-28-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balt. Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt.</i>	
6. Length of stay in Baltimore <i>3</i> Yrs. <i>3</i> Mos. <i>3</i> Days		D. STREET ADDRESS (If rural, give location) <i>1619 W. Fayette St.</i>	
7. SEX <i>Male</i>	8. COLOR OR RACE <i>Negro</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>-</i>	10. DATE OF BIRTH <i>6-25-51</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (in years last birthday) <i>3</i>	
13. KIND OF BUSINESS OR INDUSTRY <i>-</i>		14. BIRTHPLACE (State or foreign country) <i>Balt. Md.</i>	
15. FATHER'S NAME <i>James Thomas Johnson</i>		16. MOTHER'S MAIDEN NAME <i>Gertrude Elizabeth Peice</i>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		18. SOCIAL SECURITY NO.	
19. FATHER'S NAME		20. CITIZEN OF WHAT COUNTRY?	

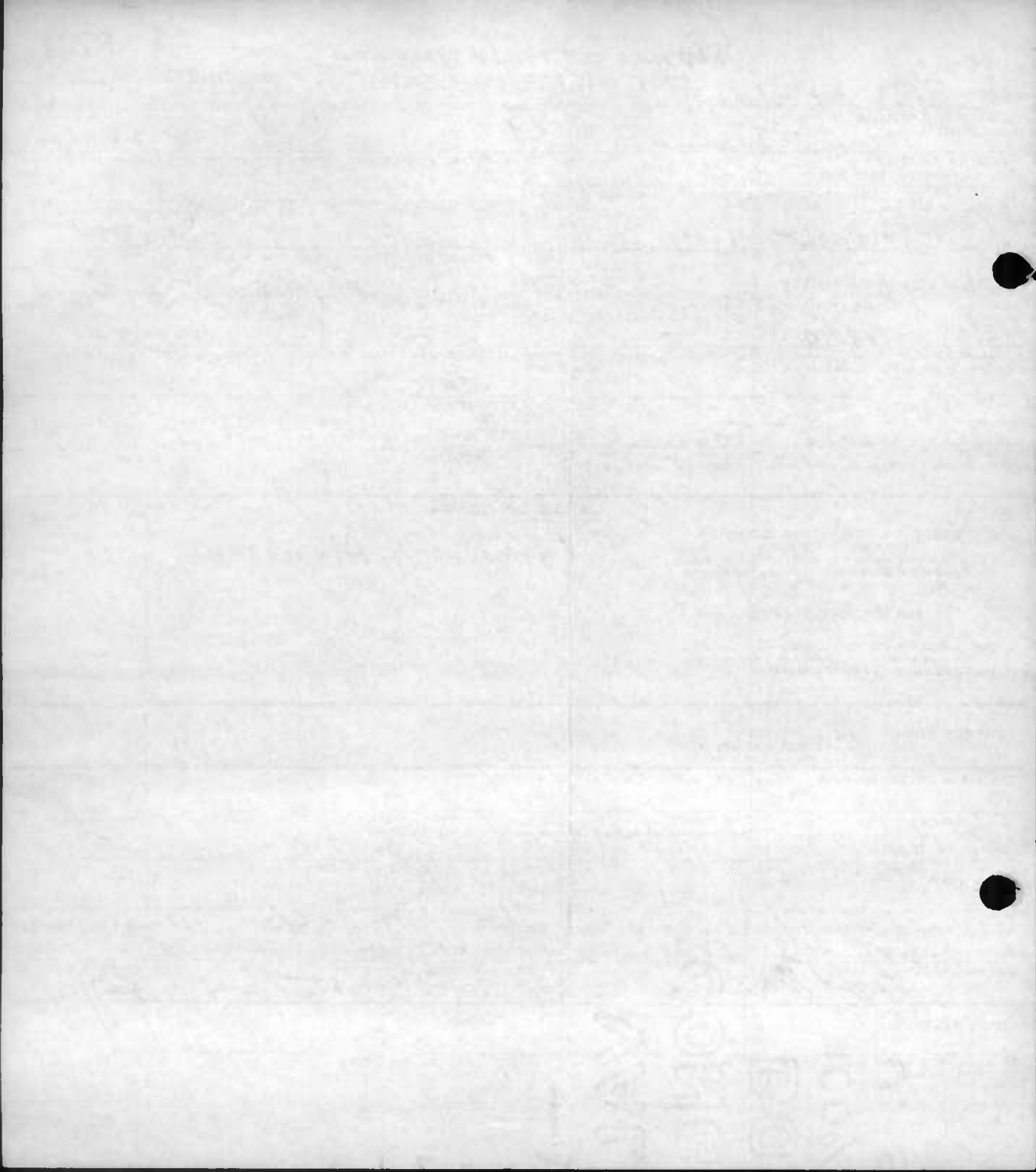
18. 762.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary Atelectasis</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6/25</i> 1951, to <i>6/28</i> 1951, that I last saw the deceased alive on <i>6/28</i> 1951, and that death occurred at <i>6 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>R. J. Sanfield</i>		23B. ADDRESS <i>722 N. Fulton Ave</i>		23C. DATE SIGNED <i>9/27/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>Hope Cemetery</i>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR		ADDRESS	

DATE RECEIVED BY LOCAL REGISTRAR  
OCT 1 01951

REGISTRAR'S SIGNATURE

*W. J. Williams, Jr.*



100  
51 8725  
BIRTH NO. 51-18713BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8725

1. NAME OF DECEASED (Type or Print) <b>BRENDA K. REEP</b>		2. DATE OF DEATH <b>SEPT 28, 1951</b>	
3. PLACE OF DEATH: Baltimore City, Maryland <b>HLH-4W</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b> <b>6-05</b>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3 IRVINE PLACE</b>	
7. SEX <b>FEMALE</b>	8. COLOR OR RACE <b>WHITE</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	10. DATE OF BIRTH <b>8-16-51</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (In years last birthday) <b>1</b> <b>12</b>	
13. KIND OF BUSINESS OR INDUSTRY		14. BIRTHPLACE (State or foreign country) <b>Ind</b>	
15. FATHER'S NAME		16. MOTHER'S MAIDEN NAME <b>Annie</b>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		18. SOCIAL SECURITY NO.	
19. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>		20. ADDRESS	
21. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Diankeba, ? cerebral thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH			
22. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
23. DATE OF OPERATION <b>None</b>		24. MAJOR FINDINGS OF OPERATION	
25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		26. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		28. TIME (Month) (Day) (Year) (Hour)	
29. INJURY OCCURRED WHILE AT WORK OR NOT WHILE AT WORK		30. HOW DID INJURY OCCUR?	
31. I hereby certify that I attended the deceased from <b>9-25-1951</b> , to <b>9-28-1951</b> , that I last saw the deceased alive on <b>9-28-1951</b> , and that death occurred at <b>3:25 A.M.</b> , from the causes and on the date stated above.			
32. SIGNATURE <b>S. K. Kaiser</b>		33. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>	
34. BURIAL, CREMATION, REMOVAL (Specify)		35. DATE SIGNED <b>9/28/51</b>	
36. REGISTRAR'S SIGNATURE <b>For Hospital</b>		37. FUNERAL DIRECTOR ADDRESS	
38. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 1 01951</b>		39. VS 150	

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322  
51 8726BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8726

NAME OF DECEASED  
(Type or Print)

Roberta Stokes

2. DATE  
OF  
DEATH

SEPT 24, 1951

PLACE OF DEATH:

Baltimore City, Maryland HLH - PRE N.

FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

206 E. LANVALE ST.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

SEX

FEMALE COLORED

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

BABY

8. DATE OF BIRTH

9-19-51

9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

4

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Edna

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 776 X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

Life

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 9-19-1951, to 9-24, 1951, that I last saw the  
deceased alive on 9-24, 1951, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

THE UNIVERSITY OF CHICAGO PRESS

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00 51 8727

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8727  
Registered No.

BIRTH NO. 51-22071

1. NAME OF DECEASED (Type or Print) <i>Bailey, Baby Girl</i>			2. DATE OF DEATH <i>Sept. 25, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balt. 4000, MD</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 21-01</i>		
6. Length of stay in Baltimore <i>LIFE 1</i>			D. STREET ADDRESS (If rural, give location) <i>823 S. Paca ST.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>infant</i>	8. DATE OF BIRTH <i>Sept. 24, 51</i>		9. AGE (In years last birthday) <i>1</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>infant</i>			11. BIRTHPLACE (State or foreign country) <i>Balt. 4000, MD</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>PRYOR Bailey</i>			14. MOTHER'S MAIDEN NAME <i>MARY ARNOLD-</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Father - Pryor Baby</i>			ADDRESS		

18. <i>726 X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept 24, 1951</i> to <i>Sept 25, 1951</i> , that I last saw the deceased alive on <i>Sept 24, 1951</i> and that death occurred at <i>1:45 PM.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Mary E. Kellthorn</i>		23B. ADDRESS <i>Union Ave -</i>		23C. DATE SIGNED <i>Sept 25</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>cremated</i>		24B. DATE <i>10/3/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>City of Morgan</i>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <i>Proctor</i>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 10 1951</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams, MD</i>			

10-12

10-12

10-12

51 8728

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 8728

BIRTH NO. 51-22453

1. NAME OF DECEASED  
(Type or Print)

Baby Roy Carter

2. DATE  
OF  
DEATH

9/26/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore 9-02

D. STREET ADDRESS (If rural, give location)

3904 Tivally Ave

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

m

White

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

8. DATE OF BIRTH

9/26/51

9. AGE (In years  
last birthday)11 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Carter

14. MOTHER'S MAIDEN NAME

Ruth Ann Hangelgans

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Ruth Ann Carter

18. 776X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Prematurity

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

## II

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/26, 1951, to 9/26, 1951, that I last saw the  
deceased alive on 9/26, 1951, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. E. Furman

23B. ADDRESS

M. D.

University Hospital

23C. DATE SIGNED

9/26/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/3/51

24C. NAME OF CEMETERY OR CREMATORY

City of Merger

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CP 101951

STATE OF NEW YORK  
CERTIFICATE OF DEATH

1910

DECEASED  
NAME  
AGE  
SEX  
DATE OF DEATH  
PLACE OF DEATH  
CAUSE OF DEATH  
SIGNATURE OF DECEASED  
SIGNATURE OF WITNESSES  
SIGNATURE OF MINISTER OF THE GOSPEL  
SIGNATURE OF CLERGYMAN  
SIGNATURE OF JUDGE OF THE SURVIVORS  
SIGNATURE OF JUDGE OF THE DECEASED

Witnessed by me, the undersigned, a Justice of the Peace, on this 10th day of January, 1910, at the City of New York.

# CERTIFICATE CORRECTED 10-10-51

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 8729  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>HENRY NUSZ</b>		2. DATE OF DEATH <b>10-10-51</b>	
3. PLACE OF DEATH: <b>A. Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) <b>A. STATE MD. B. COUNTY CARROLL</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNIVERSITY HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>WESTMINSTER</b>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>COUNTY 5641</b>	
7. SEX <b>M</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	10. DATE OF BIRTH <b>—</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>—</b>		12. AGE (in years last birthday) <b>68</b>	13. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
14. FATHER'S NAME <b>WILLIAM NUSZ</b>		15. BIRTHPLACE (State or foreign country) <b>MD</b>	
16. MOTHER'S MAIDEN NAME <b>AMANDA MORGAN</b>		17. CITIZEN OF WHAT COUNTRY? <b>US</b>	
18. WAS DECEASED EVER IN U.S. ARMED FORCES (es, no or unknown) <b>?</b> (If yes, give war or dates of service) <b>?</b>		19. SOCIAL SECURITY NO. <b>?</b>	
20. 18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>INTRAVENTRICULAR BLOCK</b> DUE TO (B) <b>MYOCARDIAL INFARCTION</b> DUE TO (C) <b>ARTERIOSCLEROSIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 MONTH + 1 MONTH + YEARS</b>	
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
23. 19A. DATE OF OPERATION <b>✓</b>		24. 19B. MAJOR FINDINGS OF OPERATION	
25. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		26. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
27. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		28. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
29. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		30. 21F. HOW DID INJURY OCCUR?	
31. 22. I hereby certify that I attended the deceased from <b>10-1</b> , 19 <b>57</b> , to <b>10-10</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>10-10</b> , 19 <b>57</b> , and that death occurred at <b>4:45 A.M.</b> , from the causes and on the date stated above.			
32. 23A. SIGNATURE <b>Geo M. Hume</b>		33. 23B. ADDRESS <b>University Hospital</b>	
34. 23C. DATE SIGNED <b>10-10-51</b>		35. 23D. NAME OF CEMETERY OR CREMATORY <b>Frederick Memorial Park</b>	
36. 23E. LOCATION (City, town, or county) (State) <b>Frederick - Md.</b>		37. 23F. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 11 1951</b>	
38. REGISTRAR'S SIGNATURE <b>Frederick M. Williams, MD</b>		39. 25. FUNERAL DIRECTOR <b>C.E. Chisler Son - Frederick - Md.</b>	
40. ADDRESS		41. ADDRESS	



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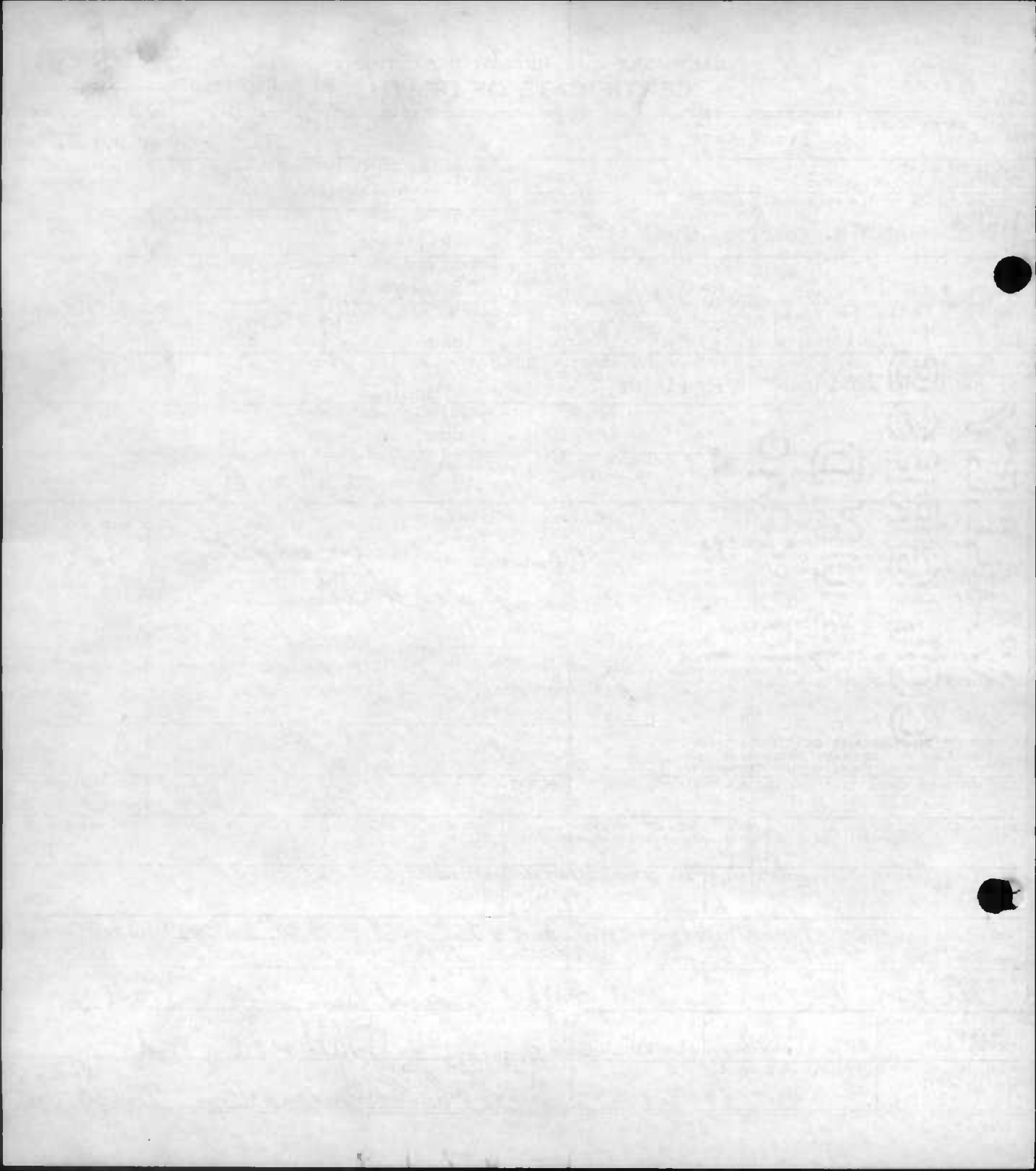
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8730  
Registered No.

1. NAME OF DECEASED (Type or Print) Frank Katz		2. DATE OF DEATH October 9, 1951	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 2327 N. Charles Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-02	
6. LENGTH OF STAY IN BALTIMORE 65 Yrs		D. STREET ADDRESS (If rural, give location) 25 Lloyd St	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	10. DATE OF BIRTH 1869
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant Own Business		12. KIND OF BUSINESS OR INDUSTRY Proprietor	
13. FATHER'S NAME Nathan Katz		14. BIRTHPLACE (State or foreign country) Russia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF USA	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME Fruma ?	
19. INFORMANT Harold Katz 825 N Port St		20. ADDRESS	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic myocarditis Cardiac Failure ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 7, 1948 to Oct 9, 1951, that I last saw the deceased alive on Oct 8, 1951, and that death occurred at 11 A. m., from the causes and on the date stated above.					
23A. SIGNATURE Melvin B. Kress		23B. ADDRESS 601 Medical Arts Bldg		23C. DATE SIGNED 10-9-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE Oct 11, 1951		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Sol Lewinowicz Bus		25. ADDRESS 1126 W North Ave	



652  
51 8731BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8731  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>MARIAN BERNSTEIN</i>		2. DATE OF DEATH <i>10/9/51</i>	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i>	
6. PLACE OF BIRTH (If not in hospital or institution, give street address or location) <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2630 Loyola Southway</i>	
7. SEX <i>F</i>	8. COLOR OR RACE <i>W</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	10. DATE OF BIRTH <i>Nov. 11, 1905</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Morris Brill</i>		14. MOTHER'S MAIDEN NAME <i>Rebecca ??</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>r. Malcolm Bernstein</i>		ADDRESS <i>2630 Loyola Southway</i>	
18. CAUSE OF DEATH <i>170X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Breast - Metastases</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>10/11/51</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/5</i> 1951 to <i>10/9</i> 1951, that I last saw the deceased alive on <i>10/9</i> 1951, and that death occurred at <i>6:45 P.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Leon Danner</i>		23B. ADDRESS <i>Serial Hospital</i>	
23C. DATE SIGNED <i>10/9/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>10/11/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Sodova Cong.</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>	
25. ATE RECEIVED BY LOCAL REGISTRAR <i>OCT 11 1951</i>		25. REGISTRAR'S SIGNATURE <i>For Williams, M.</i>	
25. FUNERAL DIRECTOR <i>Sal Levinson</i>		25. ADDRESS <i>Brook - 1124 - 26 W. 50 North Ave.</i>	

THE UNIVERSITY OF CHICAGO  
LIBRARY

UNIVERSITY OF CHICAGO  
LIBRARY

260  
8732BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8732  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FRANK

MAZUR

2. DATE  
OF DEATH October 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Baltimore City Hospital

Yrs.  
Mos.  
Days

5. Length of stay in Baltimore

6. COLOR OR RACE

Male

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Student

10. KIND OF BUSINESS OR  
INDUSTRY

9. FATHER'S NAME

Frank Mazur

11. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)

No, no or unknown

16. SOCIAL  
SECURITY NO.

None

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

529 S. Kenwood Avenue

8. DATE OF BIRTH

Feb. 9, 1942

9. AGE (in years,  
last birthday)

9

If Under 1 Year  
Months Days

8

If Under 24 Hours  
Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Elenord Oleksik

17. INFORMANT

ADDRESS

Frank Mazur 529 S. Kenwood Ave

18. E812.4

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Skull fracture

EXCESS

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Contusion of brain

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Alley

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Alley at Kenwood Avenue and Fleet Street

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Oct. 8, 1951 4:45 P.m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

I certify that I took charge of the remains described above, held an Autopsy thereon and from

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

October 9, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct 12/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY  
DEPT. REGISTRAR

REGISTRAR'S SIGNATURE

William J. Williams, M.D.

25. FUNERAL DIRECTOR

Fred W. Ozarkowski

ADDRESS

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]



450		BALTIMORE CITY HEALTH DEPARTMENT		51 8733	
8733		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO. 51-16970		NAME OF DECEASED Type or Print) <i>Kellum, John V</i>		2. DATE OF DEATH <i>Oct. 10-1951</i>	
3. PLACE OF DEATH: Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE <i>Md.</i> B. COUNTY <i>19-01</i>			
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, Md</i>			
6. Length of stay in Baltimore <i>Left 12</i>		D. STREET ADDRESS (If rural, give location) <i>1627 W Franklin</i>			
7. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) <i>2</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md. U.S.</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>John Kellum</i>		14. MOTHER'S MAIDEN NAME <i>Thelma Jennings</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
18. <i>571.0 I</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) DUE TO <i>Dehydration</i>			
ANTECEDENT CAUSES		(B) DUE TO <i>Diarrhea</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct 7</i> , 19 <i>51</i> , to <i>Oct 10</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Oct 10</i> , 19 <i>51</i> , and that death occurred at <i>8:30 A.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>M E Muller</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>Oct 10 51</i>	
4A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/13/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>West Port Balto. Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Metropolitan Funeral Home Inc.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 11 1951</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.</i>			
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## BALTIMORE CITY HEALTH DEPARTMENT

51 8734

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51 8734		1-23599	
1. NAME OF DECEASED (Type or Print) <i>Bailey Earl Tucker</i>		2. DATE OF DEATH <i>7 Oct 51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location) <i>1801 Guilford Ave.</i>	
7. SEX <i>F</i>	8. COLOR OR RACE <i>W</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	10. DATE OF BIRTH <i>7 Oct 51</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (In years last birthday) <i>30</i>	
13. FATHER'S NAME <i>Pleasant M. Tucker</i>		14. MOTHER'S MAIDEN NAME <i>Margaretta Reese</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Charles</i>		ADDRESS	

18. <i>776 X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>Prematurity</i>		DUE TO			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>10-8-51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <i>11:30 AM</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7 Oct 1951</i> to <i>7 Oct 1951</i> , that I last saw the deceased alive on <i>11:30 AM</i> , 1951, and that death occurred at <i>11:30 AM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>S. S. Nash</i>		23B. ADDRESS <i>Union Memorial Hosp.</i>		23C. DATE SIGNED <i>7 Oct 51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>cremated</i>		24B. DATE <i>10-8-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Union Mem. Hosp.</i>	
24D. LOCATION (City, town, or county) <i>Balto.</i>		24E. STATE <i>Md.</i>		25. FUNERAL DIRECTOR <i>T. A. A. Pathology Dept.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 11 1951</i>		REGISTRAR'S SIGNATURE <i>W. A. A. Pathology Dept.</i>		ADDRESS	

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8735  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) **HENDERSHOT, ROBERT**

2. DATE OF DEATH **10-11-51**

3. PLACE OF DEATH:  
**Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **PENNSYLVANIA**  
B. COUNTY **BEDFORD**

5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)  
**UNIVERSITY HOSPITAL**

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**HYNDMAN**

7. STREET ADDRESS (If rural, give location)  
**V-35**

8. LENGTH OF STAY IN BALTIMORE **13** Days

9. AGE (in years last birthday) **42**

10. DATE OF BIRTH **1909**

11. BIRTHPLACE (State or foreign country) **MARYLAND**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **DAVID - HENDERSHOT**

14. MOTHER'S MAIDEN NAME **ABIGAIL STRUCKMAN**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) **UNKNOWN**

16. SOCIAL SECURITY NO.

17. INFORMANT **wife**

18. ADDRESS **Same**

19. CAUSE OF DEATH  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
**INTRACEREBRAL HEMORRHAGE 15 days.**  
DUE TO  
ANTECEDENT CAUSES  
**RUPTURE - ANEURYSM - MIDDLE CEREBRAL ARTERY**  
DUE TO  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

20. INTERVAL BETWEEN ONSET AND DEATH

21. DATE OF OPERATION **10-9-51**

22. MAJOR FINDINGS OF OPERATION **ANEURYSM - MIDDLE CEREBRAL ART-RT**

23. AUTOPSY? YES ☐ NO ☐

24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

27. TIME (Month) (Day) (Year) (Hour) OF INJURY

28. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

29. HOW DID INJURY OCCUR?

30. I hereby certify that I attended the deceased from **10-1**, 19**51**, to **10-11**, 19**51**, that I last saw the deceased alive on **10-11**, 19**51**, and that death occurred at **4:30** a.m., from the causes and on the date stated above.

31. SIGNATURE **H. G. Hewes**

32. ADDRESS **University Hospital**

33. DATE SIGNED **10-11-51**

34. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

35. DATE **10/11/51**

36. NAME OF CEMETERY OR CREMATORY **Hyndman, Pa.**

37. LOCATION (City, town, or county) (State) **Hyndman, Bedford Co. Pa.**

38. DATE RECEIVED BY LOCAL REGISTRAR **11-1-51**

39. REGISTRAR'S SIGNATURE **William J. Fickner**

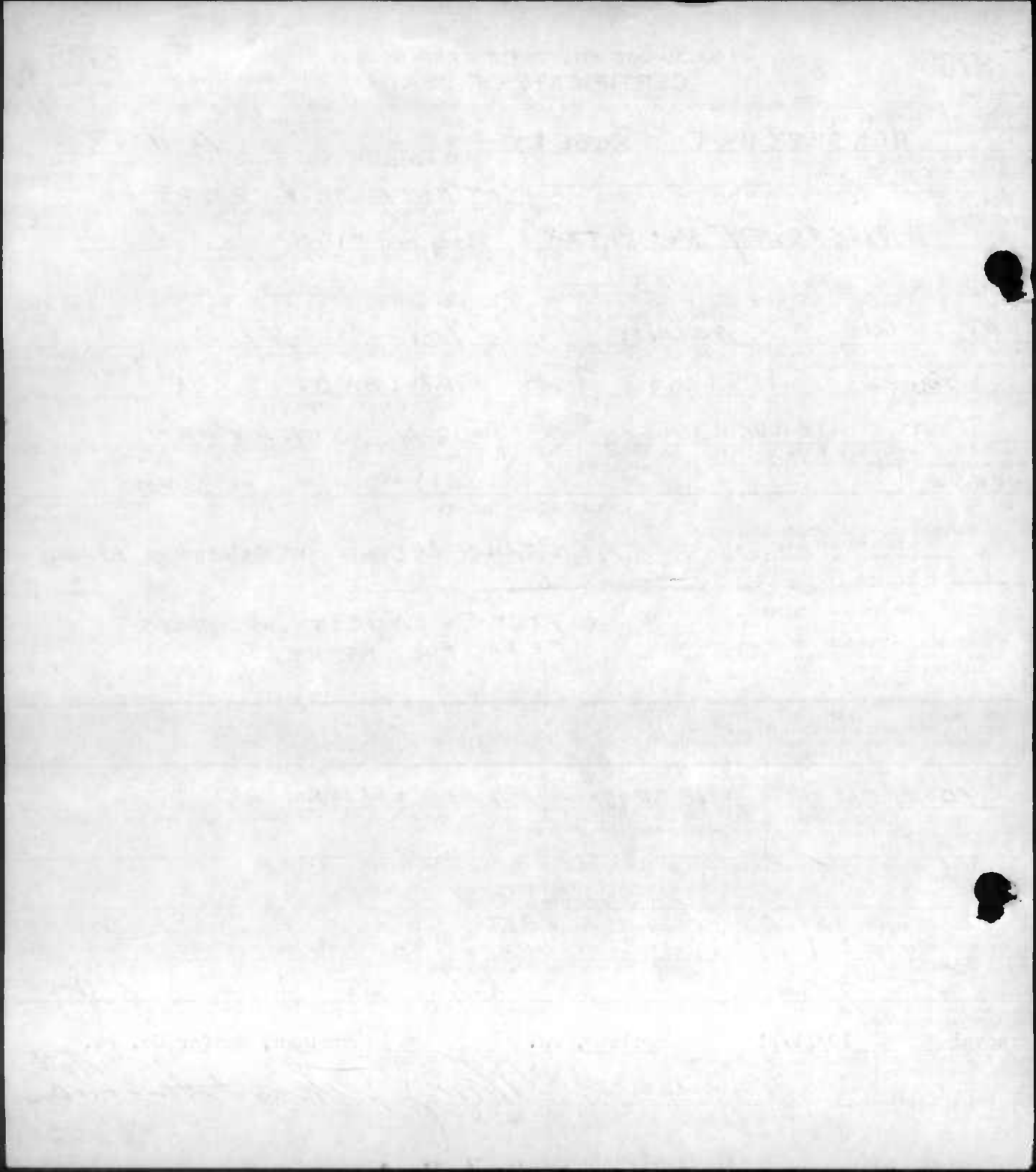
40. FUNERAL DIRECTOR **Wm. J. Fickner**

41. ADDRESS **1111 North**

42. VS 150

43. 675 4N

44. 83a



460		BALTIMORE CITY HEALTH DEPARTMENT		51 8736	
1 8736		CERTIFICATE OF DEATH		Registered No. 8736	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH			
William H. Keller		Oct. 10, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If Institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE		B. COUNTY	
Maryland Gen. Hosp		Md		Balt	
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Yrs. Mos. Days		Balt		5200	
5. SEX		8. DATE OF BIRTH		9. AGE (In years last birthday)	
M		Aug 21, 1873		78	
6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		10. STREET ADDRESS (If rural, give location)	
Wh.		Wid.		219 B Rogers Forge Rd.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
RETIRED		PUBLIC UTILITY		Penn (LANCASTER Co.)	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?			
John Keller		USA			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
No		None		MR. ROBT COSCIA 219 B ROGERS FORGE RD.	
18. 561.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO		(A) Toxemia		3d.	
ANTECEDENT CAUSES		(B) Bowel Obstruction		7d.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
II		(C) Incarcerated Inguinal Hernia		7d.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
10/6/51		Colostomy performed		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/3/51, 1951, to 10/10/51, 1951, that I last saw the deceased alive on 10/10, 1951, and that death occurred at 1:30 P.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
[Signature]		Thomson Lane Hosp.		10/10/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		10/13/51		DEVID RIDGE CEM	
24D. LOCATION (City, town, or county)		24E. LOCATION (City, town, or county)		24F. LOCATION (City, town, or county)	
BIXESVILLE, MD		BIXESVILLE, MD		BIXESVILLE, MD	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
[Signature]		[Signature]		Thomson Lane Hosp. Balt Md	
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1 8737  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

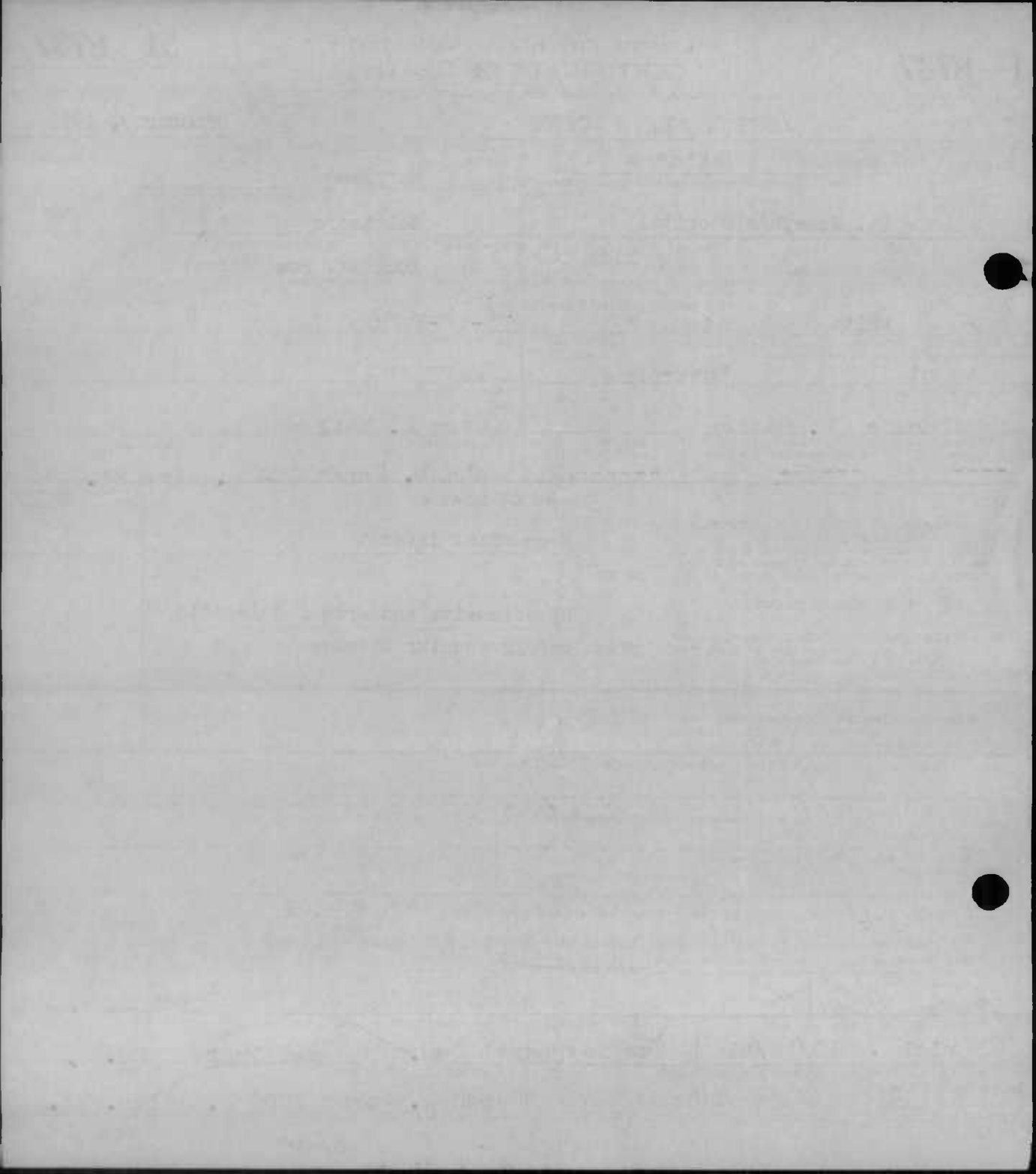
51 8737  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>JAMES R. CADDEN</b>			2. DATE OF DEATH <b>October 9, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			C. CITY OR TOWN (If outside corporate limits, enter UTA and give township) <b>Baltimore</b>		
6. Length of stay in Baltimore <b>life</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1001 St. Paul Street</b>		
7. SEX <b>Male</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	10. DATE OF BIRTH <b>5-20-1885</b>	11. AGE (in years last birthday) <b>66</b>	12. Under 1 Year Months: Days: Under 24 Hours Hours: Min.
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Agent</b>			14. BIRTHPLACE (State or foreign country) <b>Maryland</b>		
15. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>			16. CITIZEN OF WHAT COUNTRY?		
17. FATHER'S NAME <b>Thomas M. Cadden</b>			18. MOTHER'S MAIDEN NAME <b>Mary A. Reiley</b>		
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>----</b>			20. SOCIAL SECURITY NO. <b>-----</b>		
21. ADDRESS <b>John A. Moran 500 E. 42nd St.</b>					

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial infarct</b> (A) <del>XXXX</del>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertensive and arteriosclerotic cardiovascular disease</b> (B) <del>XXXX</del> (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William W. ...</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>October 9, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/12/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>		25. FUNERAL DIRECTOR <b>John A. Moran 3000 E. Balto. St.</b>			

DATE RECEIVED BY LOCAL REGISTRAR **OCT 11 1951**  
REGISTRAR'S SIGNATURE *William W. ...*  
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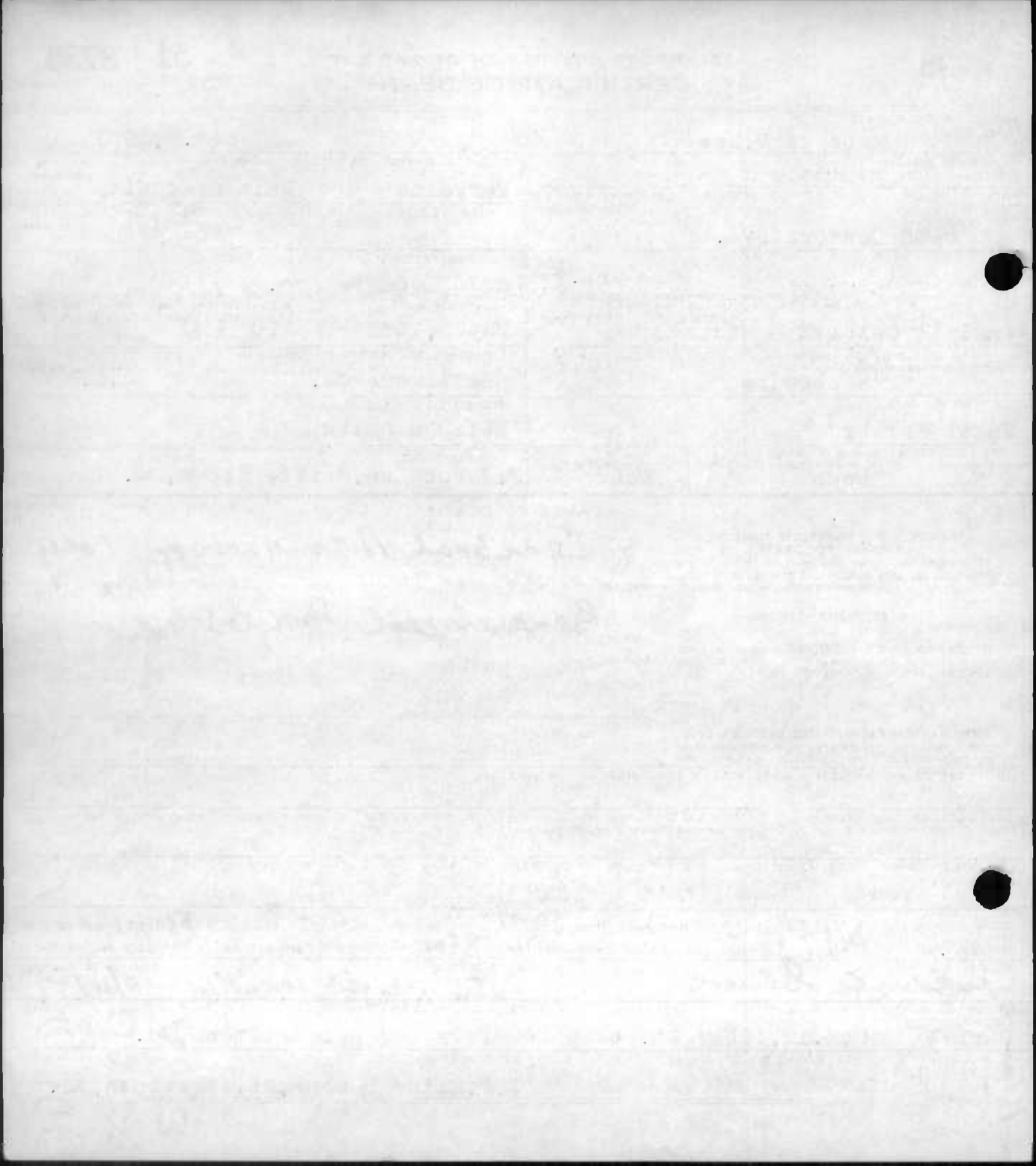


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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8738  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Rebecca F. Lee</b>		2. DATE OF DEATH <b>Oct. 9, 1951</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore City</b>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>5236 Denmore Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>27-18</b>	
6. LENGTH OF STAY IN BALTIMORE <b>17 yrs.</b>		D. STREET ADDRESS (If rural, give location) <b>5236 Denmore Ave.</b>	
7. SEX <b>Female</b>	8. COLOR OR RACE <b>Colored</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	10. DATE OF BIRTH <b>May 3, 1861</b>
11. AGE (In years last birthday) <b>90</b>		12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		14. KIND OF BUSINESS OR INDUSTRY	
15. BIRTHPLACE (State or foreign country) <b>Baltimore Co.</b>		16. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
17. FATHER'S NAME <b>Jacob Parker</b>		18. MOTHER'S MAIDEN NAME <b>Belinda Smith</b>	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? <b>No</b>		20. SOCIAL SECURITY NO. <b>None</b>	
21. INFORMANT <b>J. Jacob Lee, Reisterstown, Md.</b>		22. ADDRESS	
23. CAUSE OF DEATH <b>Cerebral Hemorrhage 1 day</b> <b>Generalized Arterio Sclerosis</b>			
24. INTERVAL BETWEEN ONSET AND DEATH			
25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)			
26. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
28. DATE OF OPERATION <b>Oct 9</b>		29. MAJOR FINDINGS OF OPERATION	
30. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>			
31. ACCIDENT, SUICIDE, HOMICIDE (Specify)		32. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
33. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
34. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY		35. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
36. HOW DID INJURY OCCUR?			
37. I hereby certify that I attended the deceased from <b>Sept 8, 1951</b> , to <b>Oct 9, 1951</b> , that I last saw the deceased alive on <b>Oct 9, 1951</b> , and that death occurred at <b>8:15 p.m.</b> , from the causes and on the date stated above.			
38. SIGNATURE <b>Julius C. Gluck</b>		39. ADDRESS <b>5356 Reisterstown Rd</b>	
40. DATE <b>Oct. 12, 1951</b>		41. NAME OF CEMETERY OR CREMATORY <b>St. Lukes Cemetery</b>	
42. LOCATION (City, town, or county) (State) <b>Reisterstown, Md.</b>			
43. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 11 1951</b>		44. REGISTRAR'S SIGNATURE <b>William H. Williams</b>	
45. FUNERAL DIRECTOR <b>J.F. Eline &amp; Sons, Reisterstown, Md.</b>		46. ADDRESS	



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8739

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8739

Registered No.

1. NAME OF DECEASED (Type or Print) <b>MINNIE ESTHER GABBIN</b>		2. DATE OF DEATH <b>10-9-51</b>	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR INSTITUTION <b>6202 Winner Ave</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>27-28</b>	
6. Length of stay in Baltimore Yrs. <b>30</b> Mos. <b>Days</b>		D. STREET ADDRESS (If rural, give location) <b>6202 Winner Ave</b>	
7. SEX <b>Female</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	10. AGE (In years last birthday) <b>60</b>
11. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) <b>Housewife</b>		12. CITIZEN OF WHAT COUNTRY? <b>Russia</b>	
13. FATHER'S NAME <b>Israel</b>		14. MOTHER'S MAIDEN NAME <b>Ayah</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Da Wrouson</b>		ADDRESS <b>Same</b>	
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b> DUE TO <b>Chn. Myocarditis</b> DUE TO <b>3 years</b>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan. 1950</b> to <b>10/9</b> , 19 <b>51</b> that I last saw the deceased alive on <b>10/9</b> , 19 <b>51</b> , and that death occurred at <b>6:15</b> a. m., from the causes and on the date stated above.			
23A. SIGNATURE <b>Benjamin</b>		23B. ADDRESS M. O. <b>2128 W. North Ave</b>	
23C. DATE SIGNED <b>10/10/51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>10-11-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Hebrew Burial Home</b>	24D. LOCATION (City, town, or county) (State) <b>Beth Md</b>
25. DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 11 1951</b>	26. REGISTRAR'S SIGNATURE <b>Jack Lewis</b>	27. FUNERAL DIRECTOR <b>2100 Centre Pl</b>	

Barabara

2128 W North

La 1321

Mo 2486



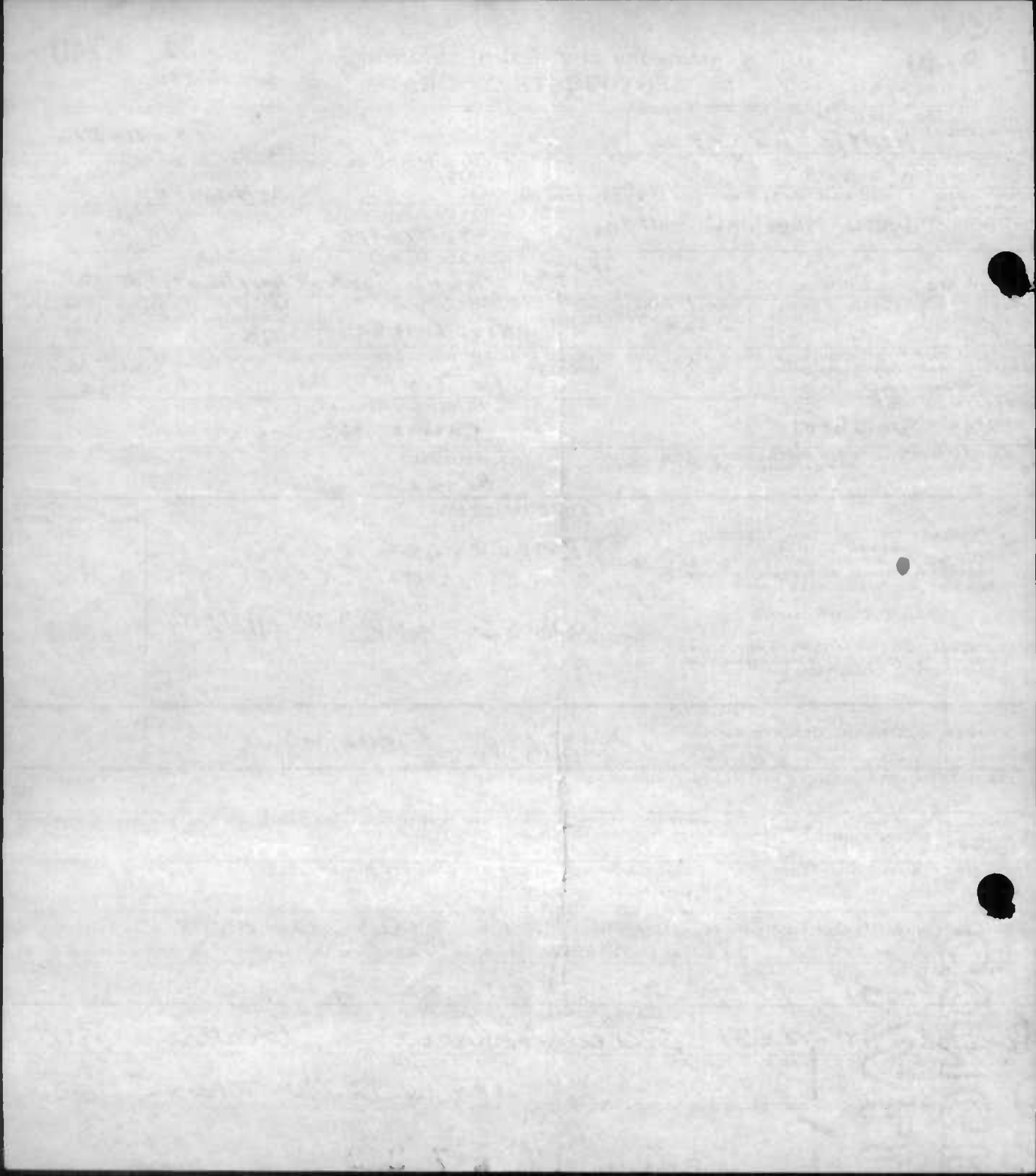
L-262  
1 8740BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8740  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Hattye Lazarus</b>			2. DATE OF DEATH <b>10-11-51</b>		
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>13-01</b>		
6. Length of stay in Baltimore <b>70</b> <sup>Yrs.</sup> <sup>Mos.</sup> <sup>Days</sup>			D. STREET ADDRESS (If rural, give location) <b>Temple Garden Apartments #17</b>		
7. SEX <b>F</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH <b>Nov. 6, 1880</b>	11. AGE (In years last birthday) <b>70</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			14. MOTHER'S MAIDEN NAME <b>Carrie Heiman</b>		
15. FATHER'S NAME <b>Max Weinberg</b>			17. INFORMANT ADDRESS <b>Same</b>		
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>—</b>			18. SOCIAL SECURITY NO. <b>—</b>		

18. <b>578X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>HEMORRHOGE FROM</b> DUE TO <b>INTESTINAL TRACT</b> <b>(CAUSE UNDETERMINED)</b> DUE TO <b>PSORIASIS (SEVERE)</b>	INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	<b>?</b>

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>8/6</b> 1951, to <b>10-11</b> , 1951, that I last saw the deceased alive on <b>10-11</b> , 1951, and that death occurred at <b>2:30</b> A.M., from the causes and on the date stated above.					
23A. SIGNATURE <b>Richard Beach</b>		23B. ADDRESS <b>Union Memorial Hospital</b>		23C. DATE SIGNED <b>10-11-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-12-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Balto Hebrew</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>		25. FUNERAL DIRECTOR <b>Jack Lewis</b>			
26. DATE RECEIVED BY LOCAL REGISTRAR		27. REGISTRAR'S SIGNATURE <b>W. H. Williams</b>		28. ADDRESS <b>2100 Eastern B</b>	



9-423

8741

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8741

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MAX GHICKSTEIN

2. DATE  
OF  
DEATH

10-11-51

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

4658 Pall Mall Road

5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-16

7. STREET ADDRESS (If rural, give location)

4658 Pall Mall Road

8. SEX

Male

9. COLOR OR RACE

White

10. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

11. DATE OF BIRTH

12. AGE (In years last birthday)

13. Under 1 Year  
Months: Days14. Under 24 Hours  
Hours: Min.15. USUAL OCCUPATION (Give kind of  
employment during most of working life, even if retired)

Crack layer

16. KIND OF BUSINESS OR  
INDUSTRY

17. BIRTHPLACE (State or foreign country)

Russia

18. CITIZEN OF  
WHAT COUNTRY?

19. FATHER'S NAME

David

20. MOTHER'S MAIDEN NAME

Edith

21. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)

Yes, no or unknown

22. SOCIAL  
SECURITY NO.

23. INFORMANT

ADDRESS

Gertrude Ghickstein - Jane

24.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

1 yr

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Metastases

6 mos

25. DATE OF OPERATION

26. MAJOR FINDINGS OF OPERATION

27. AUTOPSY?

YES ☐ NO ☐28. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH29. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)30. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

31. TIME (Month) (Day) (Year) (Hour)

32. INJURY

33. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

34. HOW DID INJURY OCCUR?

35. I hereby certify that I attended the deceased from 10-1-1949, to 10-11-1951, that I last saw the deceased alive on 10-11-1951, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

36. SIGNATURE

G Mendel

37. ADDRESS

M. D.

651 N Brentwood

38. DATE SIGNED

10-11-51

39. BURIAL, CREMA-  
TION, REMOVAL (Specify)

40. DATE

10-12-51

41. NAME OF CEMETERY OR CREMATORY

Hebrew Young Men

42. LOCATION (City, town, or county)

Baltimore

(State)

MD

43. DATE RECEIVED BY  
LOCAL REGISTRAR

44. REGISTRAR'S SIGNATURE

45. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc 2100 Canton Rd

VS 150

50424

46B

Mendelsohn  
Ed 3517

---

651710

Antelope

WZ

0888

2473 W

Lafayette Ave

9 AM

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R-460

10-16-51

51 8742

BALTIMORE CITY HEALTH DEPARTMENT

51 8742

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HARRY EARLE ROLLER

2. DATE  
OF  
DEATH

Oct 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTIONUnion Memorial Hosp.  
Baltimore, Md.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
LuthervilleD. STREET ADDRESS (If rural, give location)  
625 College Ave

5300

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Contract painter

10B. KIND OF BUSINESS OR  
INDUSTRY

Self Employed

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

George Roller

14. MOTHER'S MAIDEN NAME

Sidney Humphert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

no

None

16. SOCIAL  
SECURITY NO.  
212-10-9729

17. INFORMANT

ADDRESS

Hospital record

18. 457X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, assthemia, etc. It means the disease,  
injury or complication which caused death.)(A) Spontaneous rupture of arch of  
thoracic aorta with dissecting  
aneurysm and hemorrhage  
into mediastinum

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

2 hrs.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from Oct 9, 1951, to Oct 9, 1951, that I last saw the  
deceased alive on Oct 9, 1951, and that death occurred at 11:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur S. Nelson

M. D.

23B. ADDRESS

Union Memorial Hosp.  
Baltimore, Md.

23C. DATE SIGNED

Oct 10, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 12, 1951

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill Cem.

24D. LOCATION (City, town, or county) (State)

Towson, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 11 1951

REGISTRAR'S SIGNATURE

Cuthbert H. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

John Burns' Sons, Towson, Md.

VS 150

56424

731

307





525  
51 8743BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8743

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHNSON, ERNEST

2. DATE  
OF  
DEATH

Oct 9, 1951

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

SINAI Most

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-05

D. STREET ADDRESS (If rural, give location)

1752 E North Ave

6. Length of stay in Baltimore

7. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 9. AGE (In years last birthday) 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. KIND OF BUSINESS OR INDUSTRY

14. BIRTHPLACE (State or foreign country) 15. CITIZEN OF WHAT COUNTRY?

16. FATHER'S NAME 17. MOTHER'S MAIDEN NAME

18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 19. SOCIAL SECURITY NO.

20. INFORMANT ADDRESS

21. CAUSE OF DEATH

22. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

23. ANTECEDENT CAUSES

24. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

26. DATE OF OPERATION 27. MAJOR FINDINGS OF OPERATION

28. AUTOPSY? YES ☒ NO ☐

29. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 8, 1951 to Oct 9, 1951 that I last saw the deceased alive on Oct 9, 1951 and that death occurred at 10 p. m., from the causes and on the date stated above.

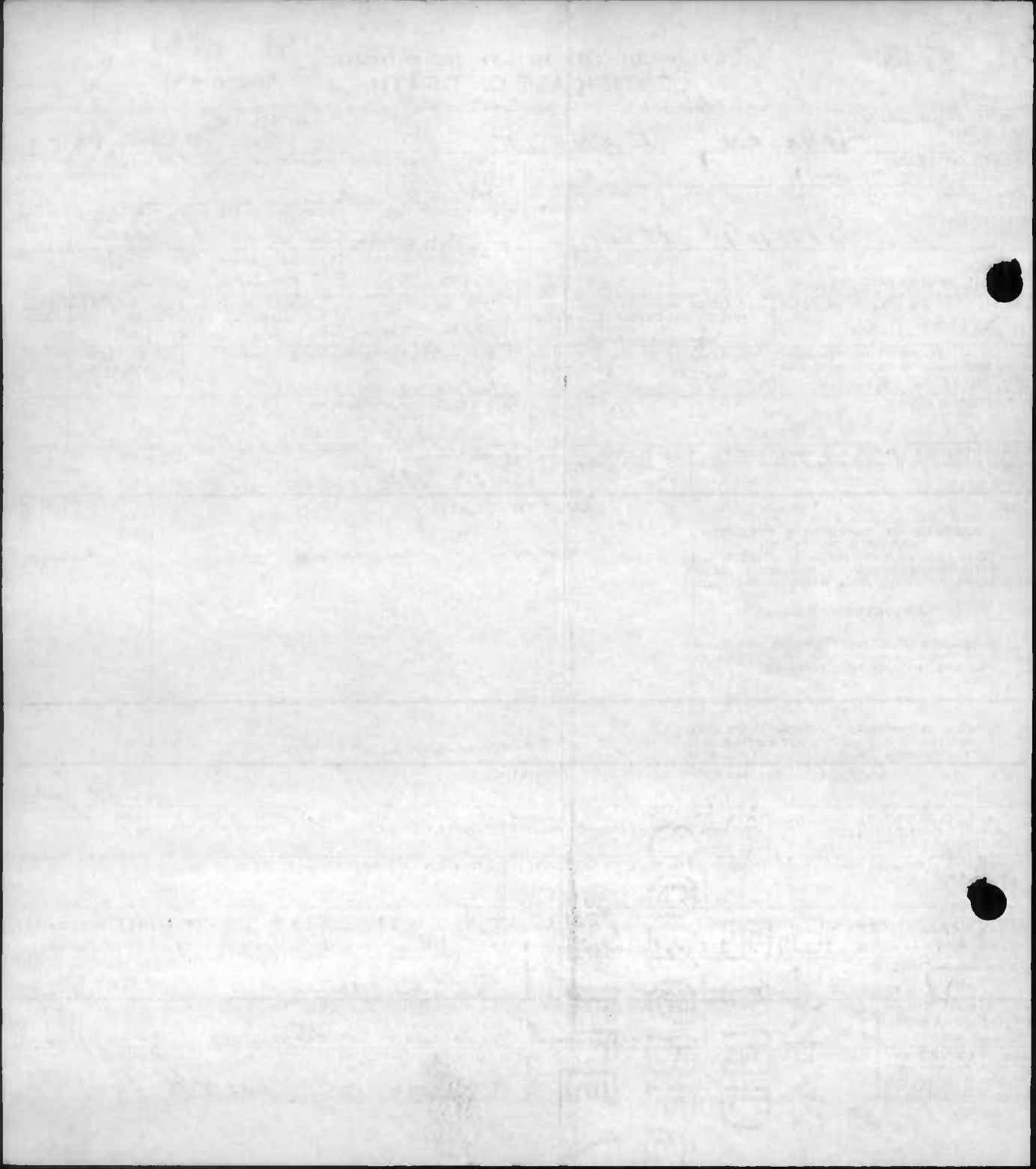
23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

25. DATE RECEIVED BY LOCAL REGISTRAR 26. REGISTRAR'S SIGNATURE 27. FUNERAL DIRECTOR ADDRESS

28. OCT 11 1951 29. 30m. Cook, Inc., 1217 St. Paul St.





365  
51 8744BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8744  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

2. PLACE OF DEATH:

3. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

4. Length of stay in Baltimore

5. SEX  
Male6. COLOR OR RACE  
White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married8A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)8B. KIND OF BUSINESS OR  
INDUSTRY

9. FATHER'S NAME

10. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)11. SOCIAL  
SECURITY NO.12. CITIZEN OF  
WHAT COUNTRY?13. DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)14. ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.15. OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

16. DATE OF OPERATION

17. MAJOR FINDINGS OF OPERATION

18. AUTOPSY?

19. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING20. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21. WHERE DID  
INJURY OCCUR?22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

23. INJURY OCCURRED

24. HOW DID INJURY OCCUR?

25. I hereby certify that I attended the deceased from October 2, 1951, to October 10, 1951, that I last saw the  
deceased alive on October 10, 1951, and that death occurred at 7:05 p. m., from the causes and on the date stated above.

26. SIGNATURE

27. ADDRESS

28. DATE SIGNED

29. BURIAL, CREMA-  
TION, REMOVAL (Specify)

30. DATE

31. NAME OF CEMETERY

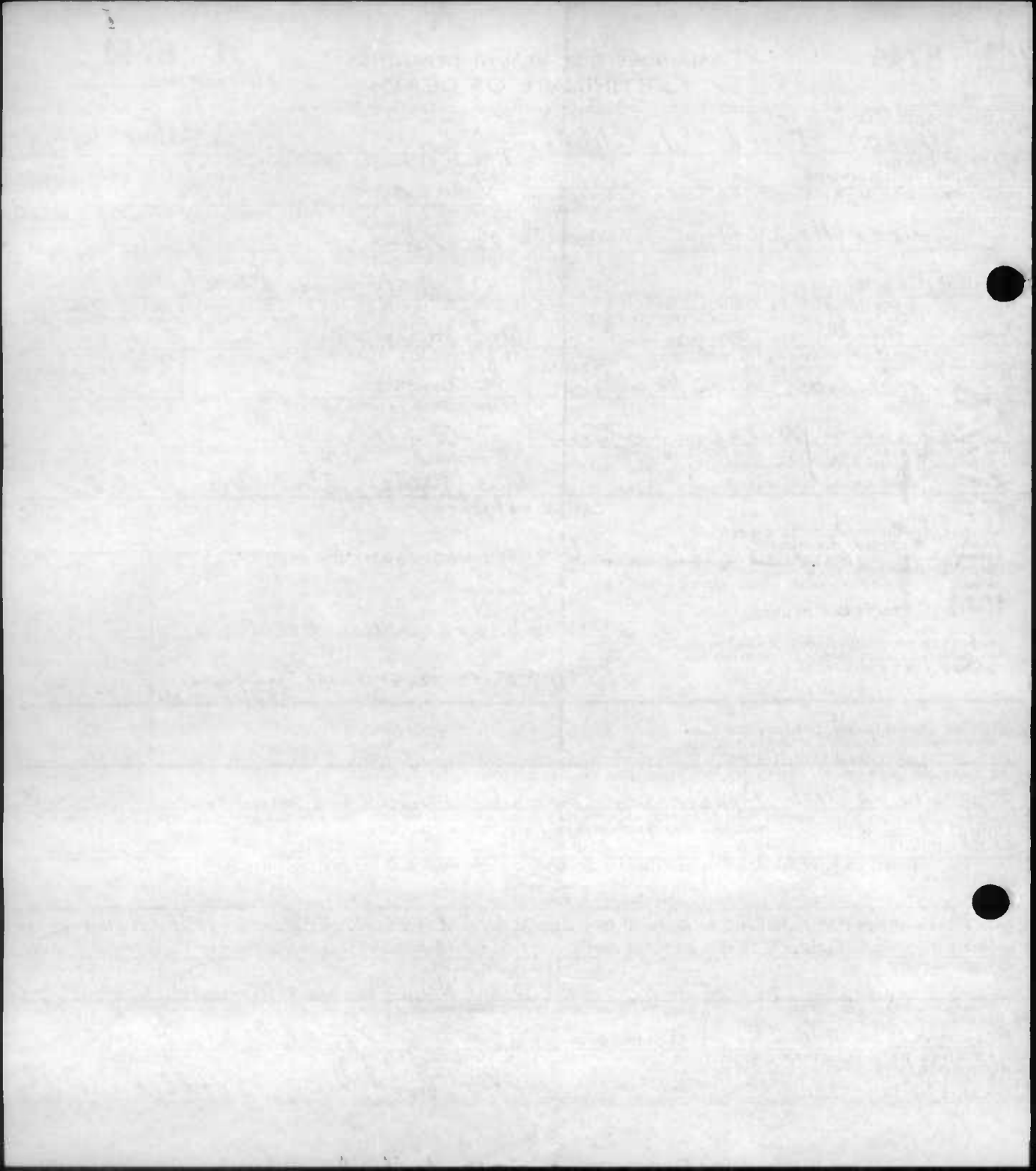
32. LOCATION (City, town, or county) (State)

33. RECEIVED BY  
LOCAL REGISTRAR

34. REGISTRAR'S SIGNATURE

35. FUNERAL DIRECTOR

36. ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT				51 8745	
CERTIFICATE OF DEATH				Registered No. _____	
1. NAME OF DECEASED (Type or Print) John Christian Koch				2. DATE OF DEATH October 9, 1951	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 2419 Westport Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-33			
6. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2419 Westport Street			
7. SEX male	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	10. DATE OF BIRTH July 13, 1895	11. AGE (In years last birthday) 56	12. IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HOURS: Hours _____ Min. _____
13. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer			14. B. KIND OF BUSINESS OR INDUSTRY U.S. Custom House		
15. FATHER'S NAME Christian G. Koch			16. MOTHER'S MAIDEN NAME Catherine Dewar		
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) yes W. W. I			18. 16. SOCIAL SECURITY NO. none		
19. 18. 4201 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cerebral Thrombosis DUE TO Arteriosclerosis C.V.D. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____			20. INTERVAL BETWEEN ONSET AND DEATH - 3 - - 2 - CERTIFICATION APPROVED BY _____ M. D. CHIEF OR ASST. MEDICAL EXAMINER		
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none					
22. 19A. DATE OF OPERATION		23. 19B. MAJOR FINDINGS OF OPERATION			
24. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		25. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		26. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
27. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		28. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR NOT WHILE AT WORK <input type="checkbox"/>		29. 21F. HOW DID INJURY OCCUR?	
30. 22. I hereby certify that I attended the deceased from 10:04 a.m., 1951, to 10:10 a.m., 1951, that I last saw the deceased alive on 10:04 a.m., 1951, and that death occurred at 10:10 a.m., from the causes and on the date stated above.					
31. 23A. SIGNATURE Paul Schubert M. D.		32. 23B. ADDRESS 1217 St. Paul Street		33. 23C. DATE SIGNED 10/10/51	
34. 24A. BURIAL, CREMATION, REMOVAL (Specify) burial		35. 24B. DATE 10/12/51		36. 24C. NAME OF CEMETERY OR CREMATORY U. S. National Cemetery	
37. 24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		38. 25. FUNERAL DIRECTOR Wm. Cook, Inc. 1217 St. Paul Street			
39. DATE RECEIVED BY LOCAL REGISTRAR OCT 11 1951					
40. VS 150 To be approved by Medical Examiner.					

ALLEY  
HIGHER  
BOND

230  
1 8746  
BIRTH NO. 51-23157BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8746  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Baby Girl Yost</b>		2. DATE OF DEATH <b>Oct. 6, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>3204 Eastern Avenue</b>	
7. SEX <b>Fe.</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	10. DATE OF BIRTH <b>Oct. 4, 1951</b>
11. FULL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		12. AGE (In years last birthday) <b>1 1/2</b>	
13. FATHER'S NAME <b>Robert Carl Yost</b>		14. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <b>Theresa Barbara Buettner</b>	
19. INFORMANT		20. ADDRESS	

18. <b>769.5</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Prematurity</b> DUE TO <b>Antecedent causes</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Premature delivery</b> DUE TO <b>Pre-eclampsia, severe</b>		INTERVAL BETWEEN ONSET AND DEATH
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>10/6/51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10/4/</b> , 19 <b>51</b> to <b>10/6/</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10/6/</b> , 19 <b>51</b> , and that death occurred at <b>8:47 A.M.</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>Frank W. Baker, Jr.</b>		23B. ADDRESS <b>1100 N. Caroline Street</b>		23C. DATE SIGNED <b>10/6/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-13-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Balto Md</b>	
24D. LOCATION (City, town, or county) <b>Baltimore</b>		24E. STATE <b>Md</b>		25. FUNERAL DIRECTOR <b>H. J. Luck</b>	
25A. RECEIVED BY LOCAL REGISTRAR <b>Oct 11 1951</b>		25B. REGISTRAR'S SIGNATURE <b>W. J. Williams</b>		25C. ADDRESS <b>5305 Harford Rd</b>	

May



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 8747**

**200**  
**51 8747**

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Harold Daniel Rock</b>		2. OATE OF DEATH <b>October 9, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore City, Md.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <b>Baltimore Zone 14</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		D. STREET ADDRESS (If rural, give location) <b>6607 Ellsrode Ave.</b>		6. LENGTH OF STAY IN BALTIMORE <b>20 yrs</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>12/24/02</b>	11. AGE (In years last birthday) <b>48 yrs</b>	12. Under 1 Year Months: Days 13. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>State Health Dept.</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Bu. Sanitation Eng.</b>		11. BIRTHPLACE (State or foreign country) <b>Iowa</b>	
13. FATHER'S NAME <b>Fred C. Rock</b>		14. MOTHER'S MAIDEN NAME <b>Elsie CRAIG</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>MRS. IMOGENE ROCK - 6607 Ellsrode</b>	
18. <b>581.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hepatic coma.</b>		CAUSE OF DEATH (A) <b>Hepatic coma.</b> DUE TO (B) <b>Cirrhosis of liver.</b> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <b>2</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
I hereby certify that I attended the deceased from <b>9-11-51</b> , 19 <b>51</b> , to <b>10-9-51</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Oct. 9</b> , 19 <b>51</b> , and that death occurred at <b>7:20 Pm.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS <b>1400 N. Caroline St. #13</b>		23C. OATE SIGNED <b>10-9-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-12-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>BALTO. NATIONAL</b>	
24D. LOCATION (City, town, or county) (State) <b>BALTO Md</b>		25. FUNERAL DIRECTOR <b>L. J. Ruek</b>		ADDRESS <b>5305 Hartford Rd</b>	

**043 92**

**08736**

**124 B**



100  
8748

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No 8748

BIRTH NO. 51-23570

1. NAME OF DECEASED  
(Type or Print)

Morey, Baby Boy

2. DATE OF DEATH Oct. 10, 1951

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)  
3613 Hamilton Avenue

5. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

6. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH

Oct. 8, 1951

9. AGE (In years last birthday) 2 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Edward Morey, Sr.

14. MOTHER'S MAIDEN NAME

Frances Louise Cecil

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 7620 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Atelectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10/8/1951 to 10/10/1951, that I last saw the deceased alive on 10/10/1951 and that death occurred at 4:58 A. M., from the causes and on the date stated above.

23A. SIGNATURE

W. J. Coppa

23B. ADDRESS

M. D.

1400 N. Caroline Street

23C. DATE SIGNED

10/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial 10-12-51 Balto National Balto Md

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 11 1951

W. J. Williams, M.D.

L. J. Luck

5305 Harford Rd

0113 12-10-1944

TO: C. G. V. 12-10-1944

FROM: C. G. V.

RE: C. G. V.

COMMITTEE

AVILEA

closed file

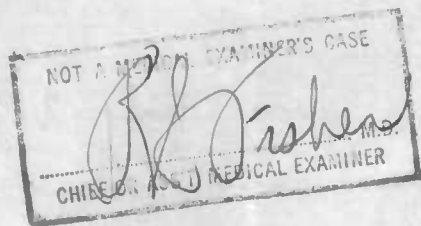
12-10-1944

12-10-1944

12-10-1944

12-10-1944

M&D EXAM CASE				51 8749	
BALTIMORE CITY HEALTH DEPARTMENT				Registered No.	
CERTIFICATE OF DEATH					
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH		3. PLACE OF DEATH	
Cecilia Ballin Johnson		October 9, 1957		Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)		5. FULL NAME OF HOSPITAL OR INSTITUTION		6. PLACE OF DEATH	
md. Johns Hopkins Hospital		Johns Hopkins Hospital		Baltimore City, Maryland	
7. DATE OF BIRTH		8. AGE (In years last birthday)		9. SEX	
Dec 29 - 1911		38		Female	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Dietician		West Virginia		American	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES?	
James Ballin		Willie Barrett		No	
16. SOCIAL SECURITY NO.		17. INFORMANT		18. CAUSE OF DEATH	
		Johns Hopkins Hospital		Subarachnoid Hemorrhage	
19. DATE OF OPERATION		20. AUTOPSY?		INTERVAL BETWEEN ONSET AND DEATH	
443 X		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5 hrs	
21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		22. I hereby certify that I attended the deceased from Oct 9, 1957, to Oct 9, 1957, that I last saw the deceased alive on Oct 9, 1957, and that death occurred at 7:40 p.m., from the causes and on the date stated above.		23. SIGNATURE	
24. TIME (Month) (Day) (Year) (Hour) OF INJURY		25. INJURY OCCURRED		26. ADDRESS	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		Johns Hopkins Hospital	
27. DATE RECEIVED BY LOCAL REGISTRAR		28. NAME OF CEMETERY OR CREMATORY		29. LOCATION (City, town, or county) (State)	
Oct 11, 1957		West Calvary Cem.		A A Co Md	
30. REGISTRATION SIGNATURE		31. FUNERAL DIRECTOR		32. ADDRESS	
Huntington Baltimore, Md		Robert E. Williams		1375 McElderry St	
VS 150					









Dr. Mac Murin  
2900 E Balto.

AD- 152902  
8751

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

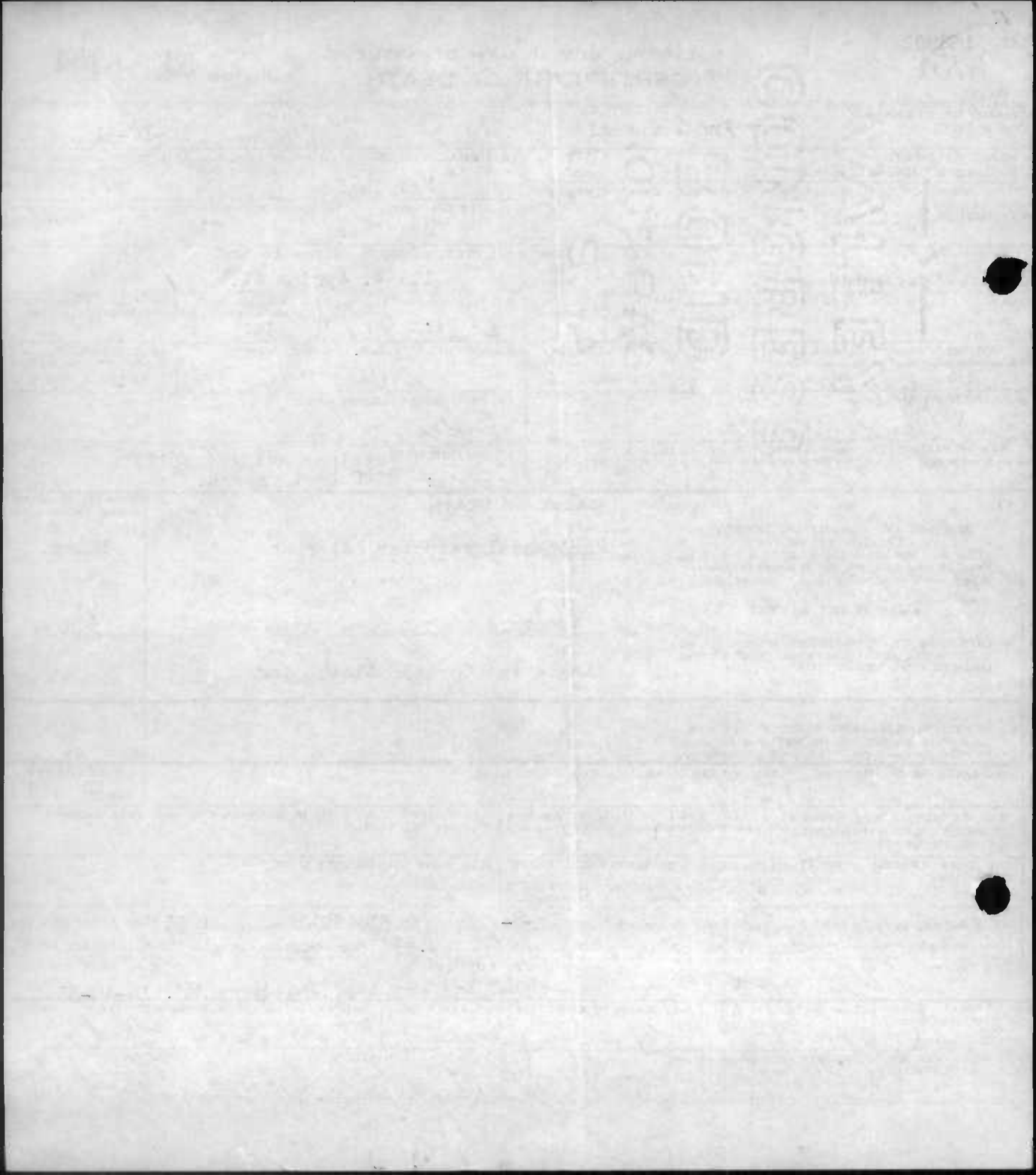
Registered No. 51 8751

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mary Ann Townsend</b>		2. DATE OF DEATH <b>10-10-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals 4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore <b>2 days?</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>111 S. Spring St.</b>	
7. SEX <b>F</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	10. DATE OF BIRTH <b>6-25-96</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		12. AGE (in years last birthday) <b>55?</b>	
13. KIND OF BUSINESS OR INDUSTRY <b>None</b>		14. BIRTHPLACE (State or foreign country) <b>Ind -</b>	
15. FATHER'S NAME <b>Frank Jendryejeuski</b>		16. CITIZEN OF WHAT COUNTRY? <b>U.S.C.</b>	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		18. SOCIAL SECURITY NO.	
19. MOTHER'S MAIDEN NAME <b>Lillie</b>		20. INFORMANT <b>Baltimore City Hospitals Records: 4940 Eastern Ave.</b>	

18. 3221 I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>Peripheral vascular collapse</b>		12hrs.	
DUE TO					
ANTECEDENT CAUSES		(B) <b>Exposure</b>		5days	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C) <b>Acute and Chronic Alcoholism</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-8-</b> , 19 <b>51</b> to <b>10-10-</b> , 19 <b>51</b> that I last saw the deceased alive on <b>10-10-</b> , 19 <b>51</b> and that death occurred at <b>4.45 AM</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>P.S. Cohen</b>		23B. ADDRESS <b>4940 Eastern Ave., Baltimore, Md.</b>		23C. DATE SIGNED <b>10-10-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-13-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Roan</b>	
24D. LOCATION (City, town, or county) <b>Balto Md</b>		24E. FUNERAL DIRECTOR <b>Willy &amp; Zehn</b>		24F. ADDRESS <b>9032 Weymouth</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>CT 111951</b>		REGISTRAR'S SIGNATURE <b>William Williams</b>			
VS 150					



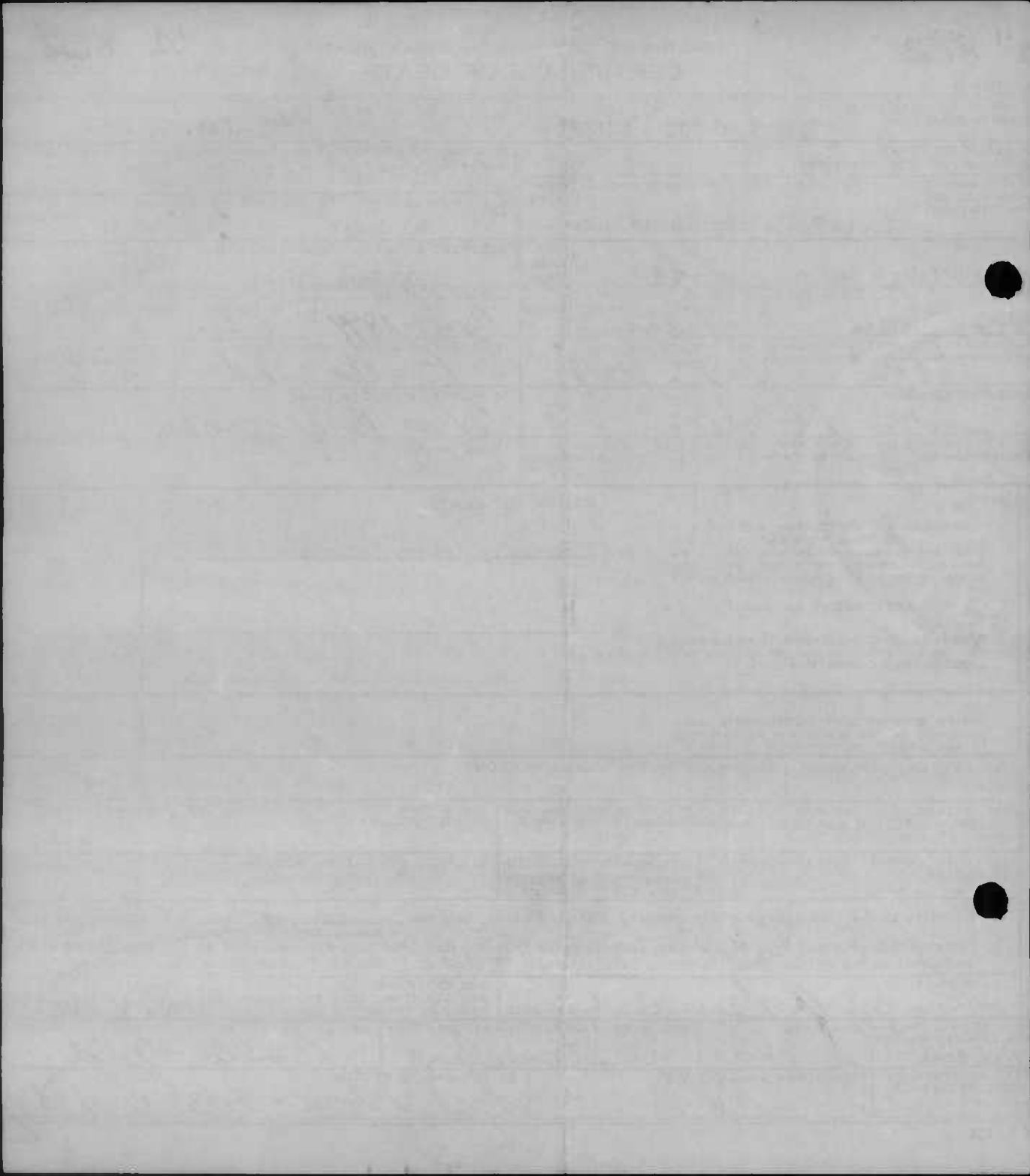
420  
8752BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8752  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JAMES J. KALSKI		2. DATE OF DEATH Oct. 9, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, give the RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 1930 Bank Street			
5. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hosp.		6. COLOR OR RACE Male White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. LENGTH OF STAY IN BALTIMORE Life		9. AGE (In years last birthday) 52		10. DATE OF BIRTH April 1 - 1899	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		12. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co		13. BIRTHPLACE (State or foreign country) Balto - Md.	
14. FATHER'S NAME Anthony Kalski		15. MOTHER'S MAIDEN NAME Mary Brzezinski		16. CITIZEN OF WHAT COUNTRY? U.S.A.	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		18. SOCIAL SECURITY NO.		19. INFORMANT ADDRESS	

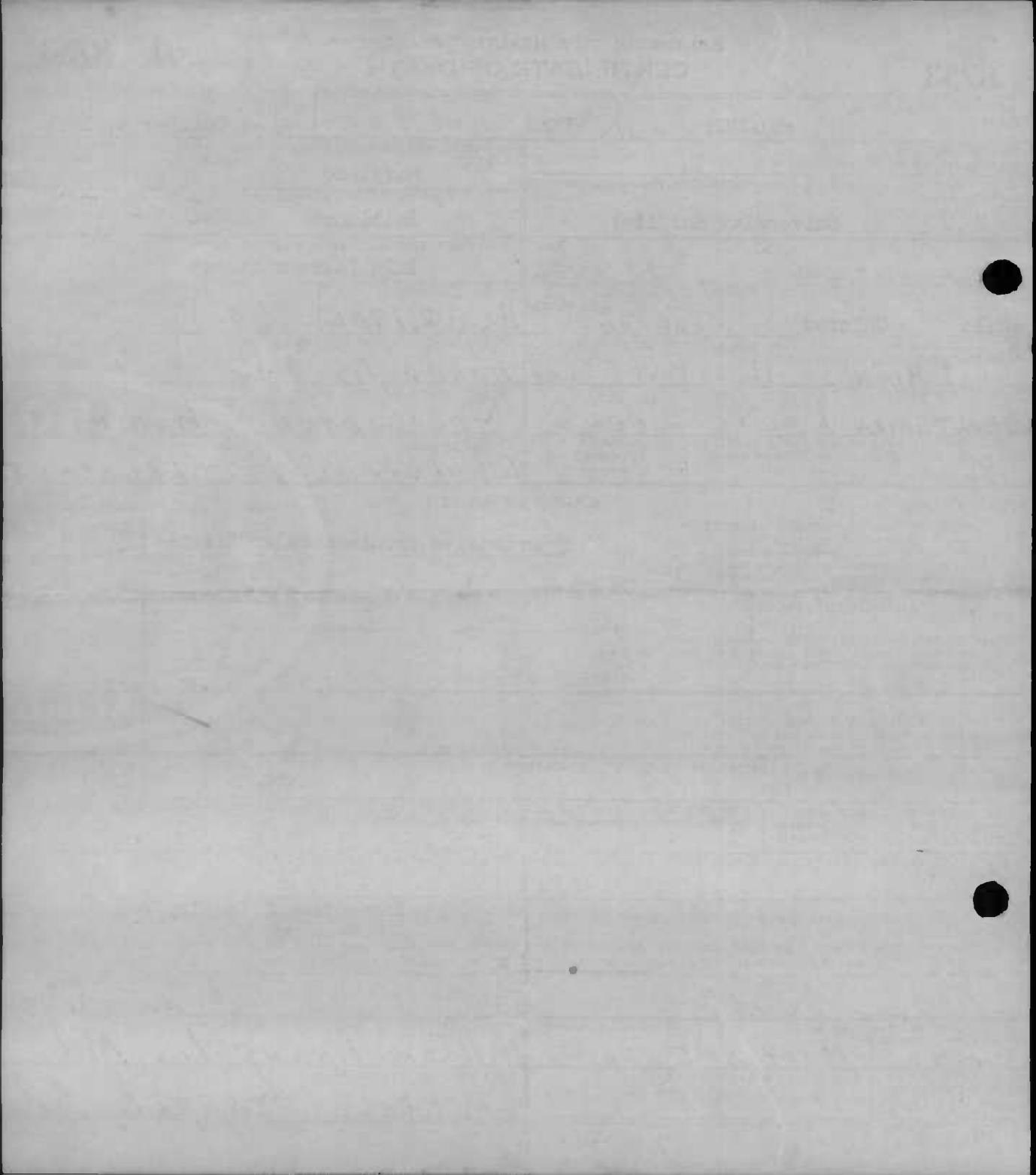
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary artery sclerosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley A. Dureacher M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Oct. 10, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-13-51		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
24D. LOCATION (City, town, or county) Balto - Md.		24E. REGISTRAR'S SIGNATURE William M. ...		24F. FUNERAL DIRECTOR Lilly & Zaitz - 7038 W. ...	

VS 151 9703U 94a



BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 51 8753	
1. NAME OF DECEASED Type or Print)		MALCOLM Lewis WEEMS		2. DATE OF DEATH October 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write it out and give township) Baltimore 16-02	
6. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		7. STREET ADDRESS (If rural, give location) 1429 Laurens Street		8. DATE OF BIRTH Dec. 22, 1886	
9. Length of stay in Baltimore 25 Yrs		10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		11. AGE (in years last birthday) 64	
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		13. KIND OF BUSINESS OR INDUSTRY U.S. Post Office		14. BIRTHPLACE (State or foreign country) Annapolis, Md.	
15. FATHER'S NAME Benjamin Lewis Weems		16. MOTHER'S MAIDEN NAME Georgianna Thomas		17. CITIZEN OF WHAT COUNTRY?	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		19. SOCIAL SECURITY NO.		20. INFORMANT ADDRESS Ethel Weems - 1429 Laurens St.	
21. 443X 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease		22. CAUSE OF DEATH (A) DUE TO		23. INTERVAL BETWEEN ONSET AND DEATH	
24. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		26. (C) DUE TO	
27. 19A. DATE OF OPERATION		28. 19B. MAJOR FINDINGS OF OPERATION		29. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
30. 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		31. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		32. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
33. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		34. 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		35. 21F. HOW DID INJURY OCCUR?	
36. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
37. 23A. SIGNATURE William H. Reese		38. 23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		39. 23C. DATE SIGNED October 9, 1951	
40. 24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		41. 24B. DATE 10-14-51		42. 24C. NAME OF CEMETERY OR CREMATORY Brewer Hill Cem.	
43. 24D. LOCATION (City, town, or county) (State) Annapolis, Md.		44. 25. FUNERAL DIRECTOR Wm Reese - Annapolis, Md.		45. ADDRESS	
46. DATE RECEIVED BY LOCAL REGISTRAR OCT 11 1951		47. REGISTRAR'S SIGNATURE [Signature]		48. S 151	





51 8754

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8754

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>BLANCHE JOHNSON</b>		2. DATE OF DEATH <b>Oct. 10, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (if rural, give location) <b>422 N. Green Street</b>		E. LENGTH OF STAY IN BALTIMORE <b>17-01</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct 14 1946</b>
9. AGE (In years last birthday) <b>55</b>		10. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>H. W.</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>-</b>	
11. BIRTHPLACE (State or foreign country) <b>va</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Custis Lows</b>		14. MOTHER'S MAIDEN NAME <b>Willie Anne Keller</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT <b>Abe Lows</b>		ADDRESS <b>927 W Franklin St</b>	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive cardiovascular disease</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		19. DATE OF OPERATION <b>443X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	--	--------------------------------------	---

21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <b>Stanley S. Dineen</b>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>Oct. 10, 1951</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct 14. 51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary</b>
24D. LOCATION (City, town, or county) <b>AA Co md</b>		(State)

DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 11 1951</b>	REGISTRAR'S SIGNATURE <b>Isaiah L Brown</b>	25. FUNERAL DIRECTOR <b>Isaiah L Brown</b>	ADDRESS <b>108 W Montgomery St</b>
--	--	---	---------------------------------------

100

100

STATE OF TEXAS

100



500  
1 8755BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8755  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SNEE Michael

2. DATE  
OF  
DEATH

Oct. 11. 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Linai Hospital

4. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

Linai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Anne Arundel

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Annapolis

D. STREET ADDRESS (If rural, give location)

63 Franklin Street 5210

5. Length of stay in Baltimore

Yrs.  
Mos.  
Days

6. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Engineer (Hospital)

10B. KIND OF BUSINESS OR  
INDUSTRY

Consult.

9. FATHER'S NAME

5. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(es, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Walter B. Cooke, Inc. 1711 1900 St. N. Y.

18. 150X

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

Carcinoma of oesophagus

DUE TO

(B)

Pneumonitis

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

7. 27. 51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of oesophagus

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 7. 16. 1951, to 10. 11. 1951, that I last saw the  
deceased alive on 10. 11. 1951, and that death occurred at 6 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. J. T. Tolbert M. D.

23B. ADDRESS

Linai Hospital

23C. DATE SIGNED

10. 11. 51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/11/51

24C. NAME OF CEMETERY OR CREMATORY

St. Raymond's

24D. LOCATION (City, town, or county)

Bronx, New York

ATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Dr. J. J. T. Tolbert

25. FUNERAL DIRECTOR

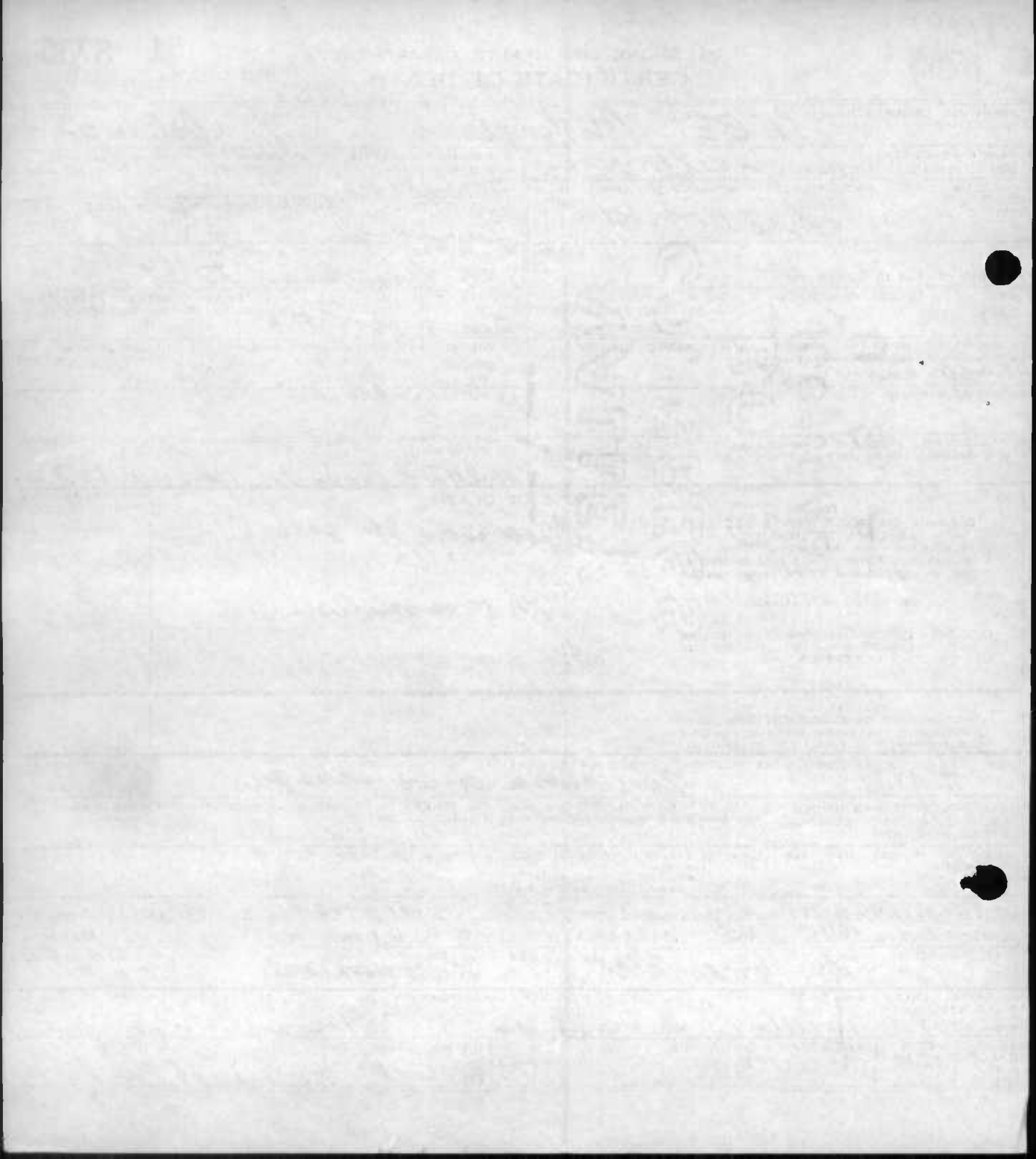
ADDRESS

Wm. Cook, Inc. 1217 St. Paul St.

VS 150

04324

46a



F. 656.  
51 8756BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8756  
Registered No.

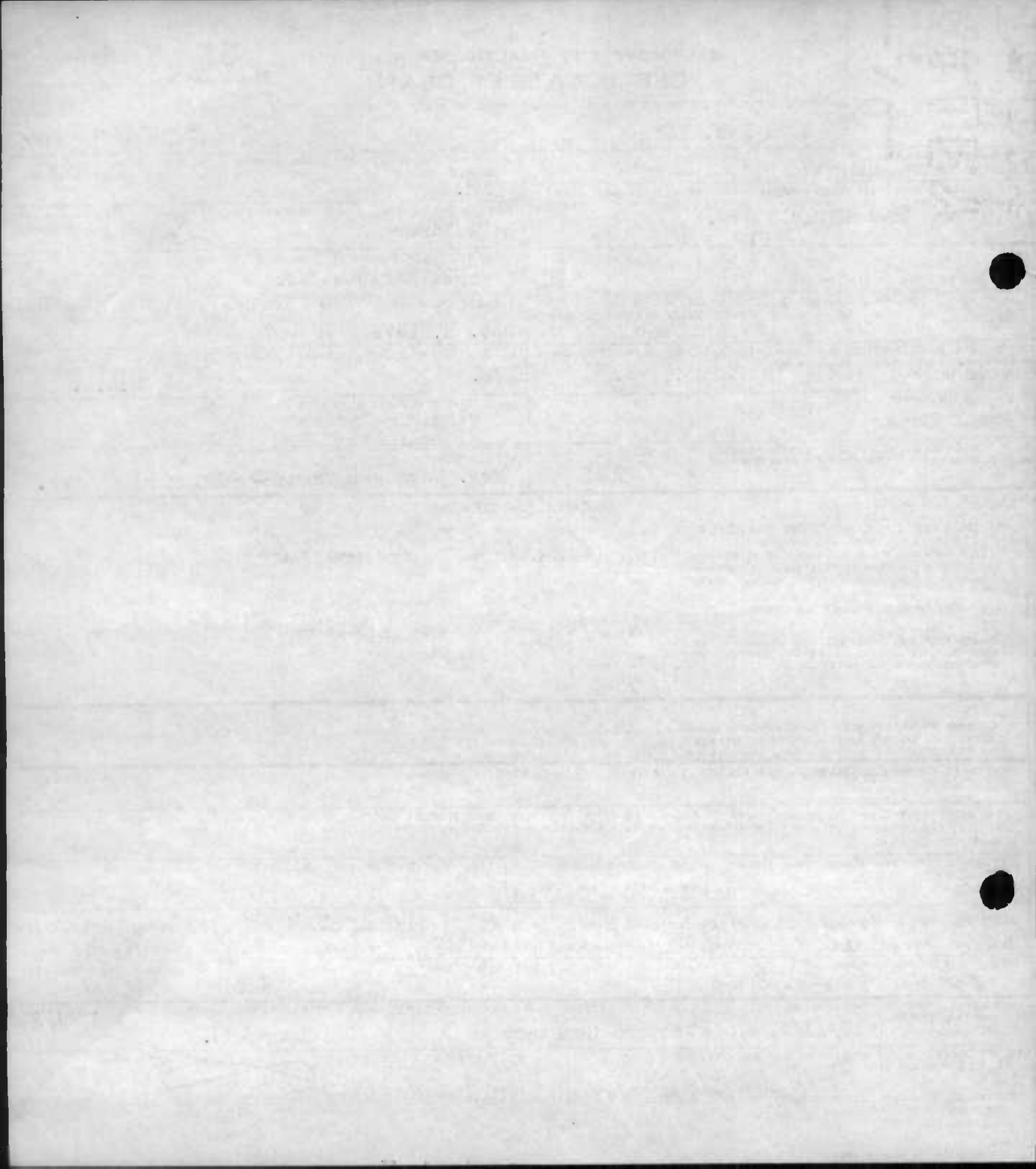
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>WILLIAM R. FARMER, SR.</b>			2. DATE OF DEATH <b>OCT 10, 1951</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>5921 Marluth Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
6. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>5921 Marluth Ave.</b>		
7. SEX <b>M</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>Oct. 5, 1879</b>		11. AGE (In years last birthday) <b>72</b>
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stationary Engineer</b>			13. KIND OF BUSINESS OR INDUSTRY <b>Balto., Md.</b>		14. BIRTHPLACE (State or foreign country) <b>Va.</b>
15. FATHER'S NAME <b>Frank Farmer</b>			16. MOTHER'S MAIDEN NAME <b>Virginia Carter</b>		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>			18. SOCIAL SECURITY NO.		
19. INFORMANT			ADDRESS <b>Mrs. Margaret Farmer- 5921 Marluth Ave.</b>		

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b> DUE TO <b>(A)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertensive Cardiovascular Disease</b> DUE TO <b>(B)</b>		<b>many years</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept</b> , 1949, to <b>OCT 10</b> , 1951, that I last saw the deceased alive on <b>OCT 4</b> , 1951, and that death occurred at <b>2:15 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Wm. R. English</b>		23B. ADDRESS <b>5713 Belair Rd</b>		23C. DATE SIGNED <b>10-11-51</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/13/1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Western Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
25. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 11 1951</b>		25. REGISTRAR'S SIGNATURE <b>Wm. J. Tuckner</b>		25. FUNERAL DIRECTOR <b>Wm. J. Tuckner &amp; Sons Inc</b>		25. ADDRESS <b>Balto. Md</b>	



51 8757

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8757  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANNIE G. McKENNA

2. DATE  
OF  
DEATH

Oct. 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

705 Linnard St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

705 Linnard St.

E. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

T

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 14, 1893

9. AGE (In years  
last birthday)

58

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Frederick D. Sowers

14. MOTHER'S MAIDEN NAME

Catherine Boyle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

No

17. INFORMANT

ADDRESS

Mr. Wm. C. McKenna 705 Linnard St.

18. 420.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Thrombosis Coronary

INTERVAL BETWEEN  
ONSET AND DEATH

Instant

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Asthma

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1946 to Oct 9, 1951 that I last saw the deceased alive on Oct 9, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

23A. SIGNATURE

E. Mendels

M. D.

23B. ADDRESS

651 N Beutalon

23C. DATE SIGNED

10-11-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 12, 1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

25. DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

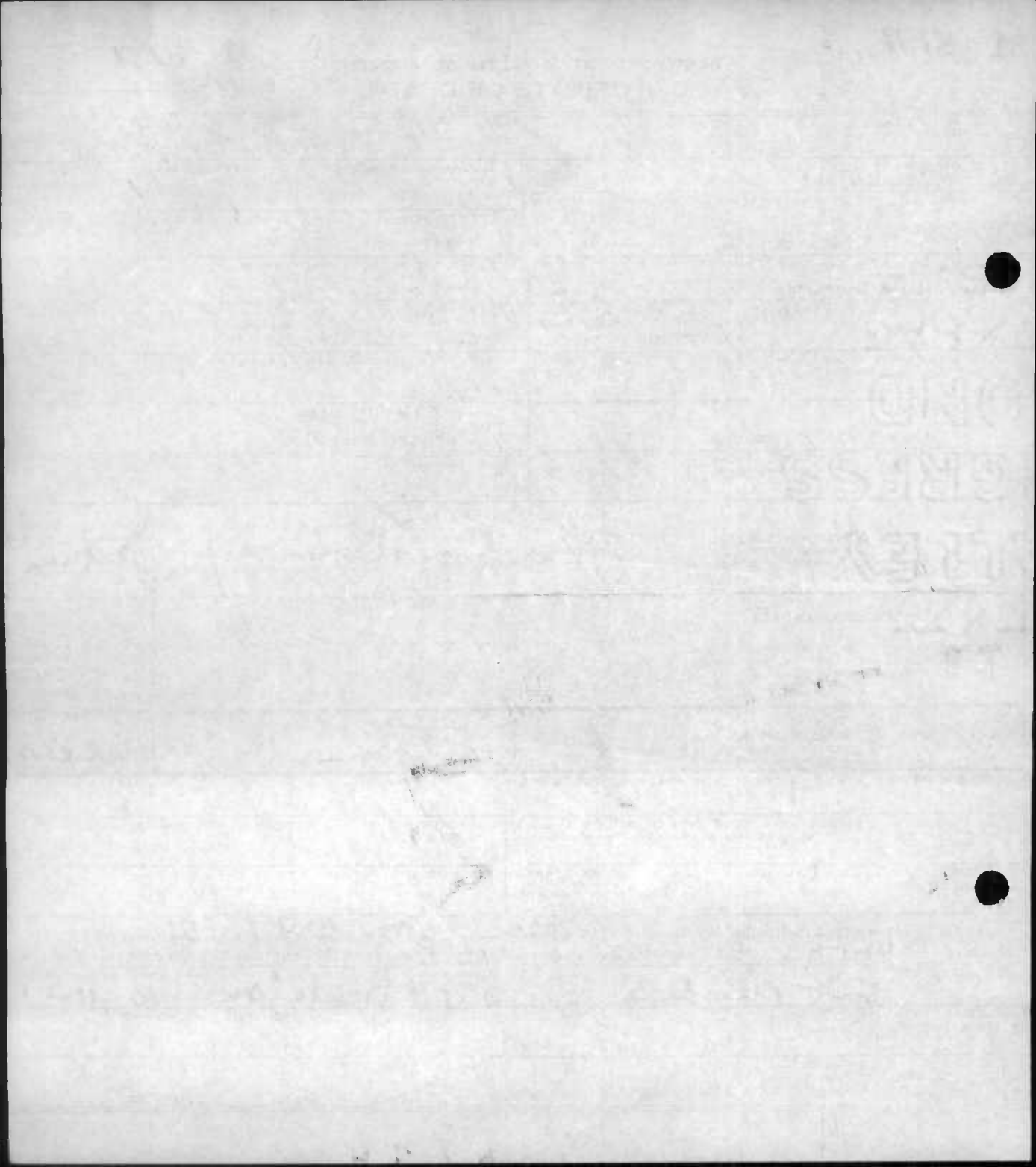
C. J. Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tiekner &amp; Sons Inc. Balto Md.





1 8758

S-420

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8758  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

THOMAS

SALES

2. DATE  
OF DEATH October 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Indiana

C. CITY OR TOWN (If outside corporate limits, write it RURAL and give township)

Delphia

D. STREET ADDRESS (If rural, give location)

Box 171

5. Length of stay in Baltimore

6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Male

White

Single

8. DATE OF BIRTH

June 12, 1904

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours Min.

47

3 29

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Loganport, Indiana

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Richard Sales

14. MOTHER'S MAIDEN NAME

Mary Ellen Kirmis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

327-16-9149

17. INFORMANT

ADDRESS

J.E. Patrick, Delphi, Indiana

18. 581.0

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Fatty liver

(A) .....

DUE TO

## ANTECEDENT CAUSES

(B) .....

DUE TO

(C) .....

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William H. Burt

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Oct. 11, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Oct. 11, 1951

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Delphi, Indiana

DATE RECEIVED BY LOCAL REGISTRAR

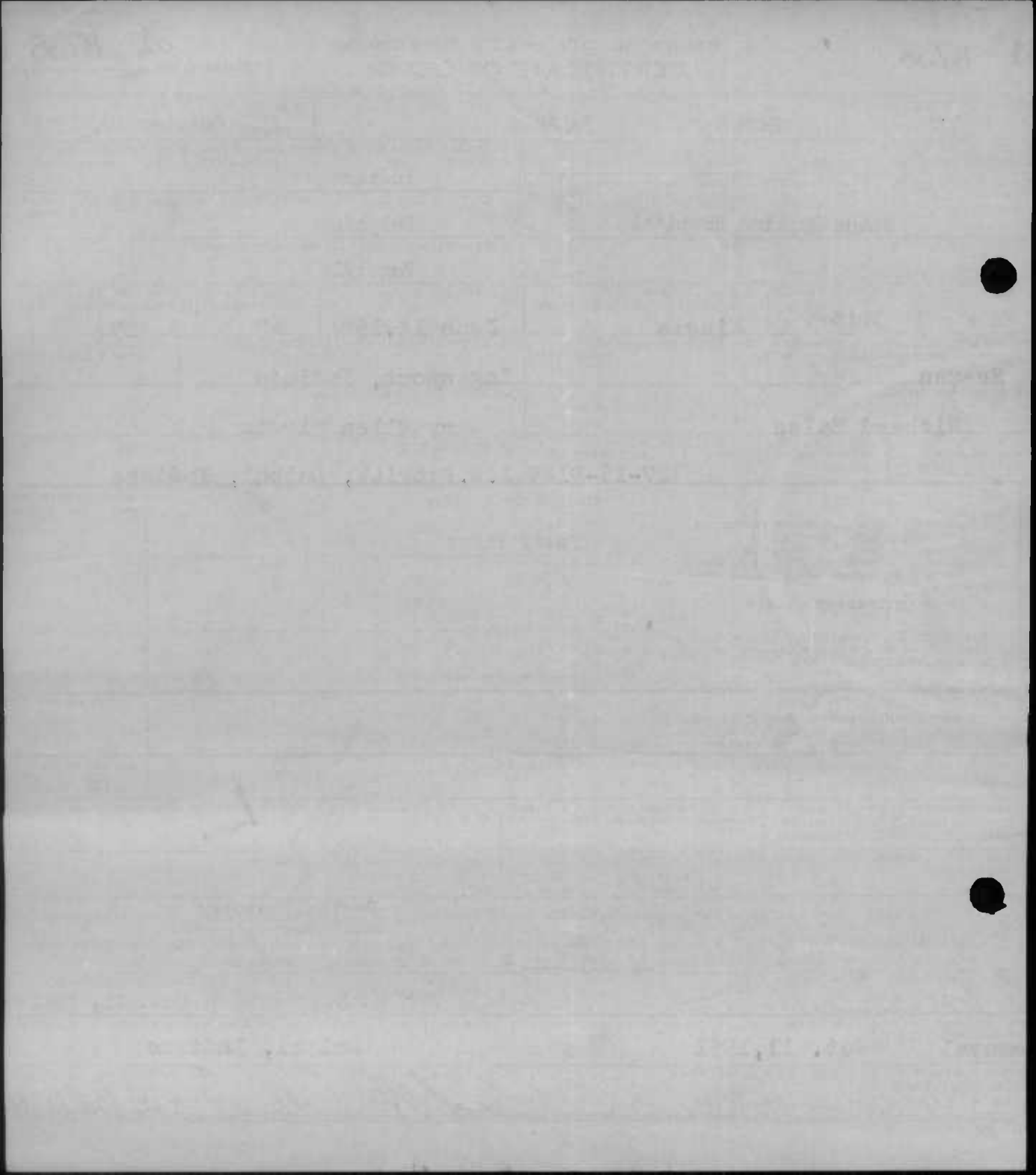
REGISTRAR'S SIGNATURE

OCT 11 1951

25. FUNERAL DIRECTOR

ADDRESS

Fred A. Cole 1934 Batts, H

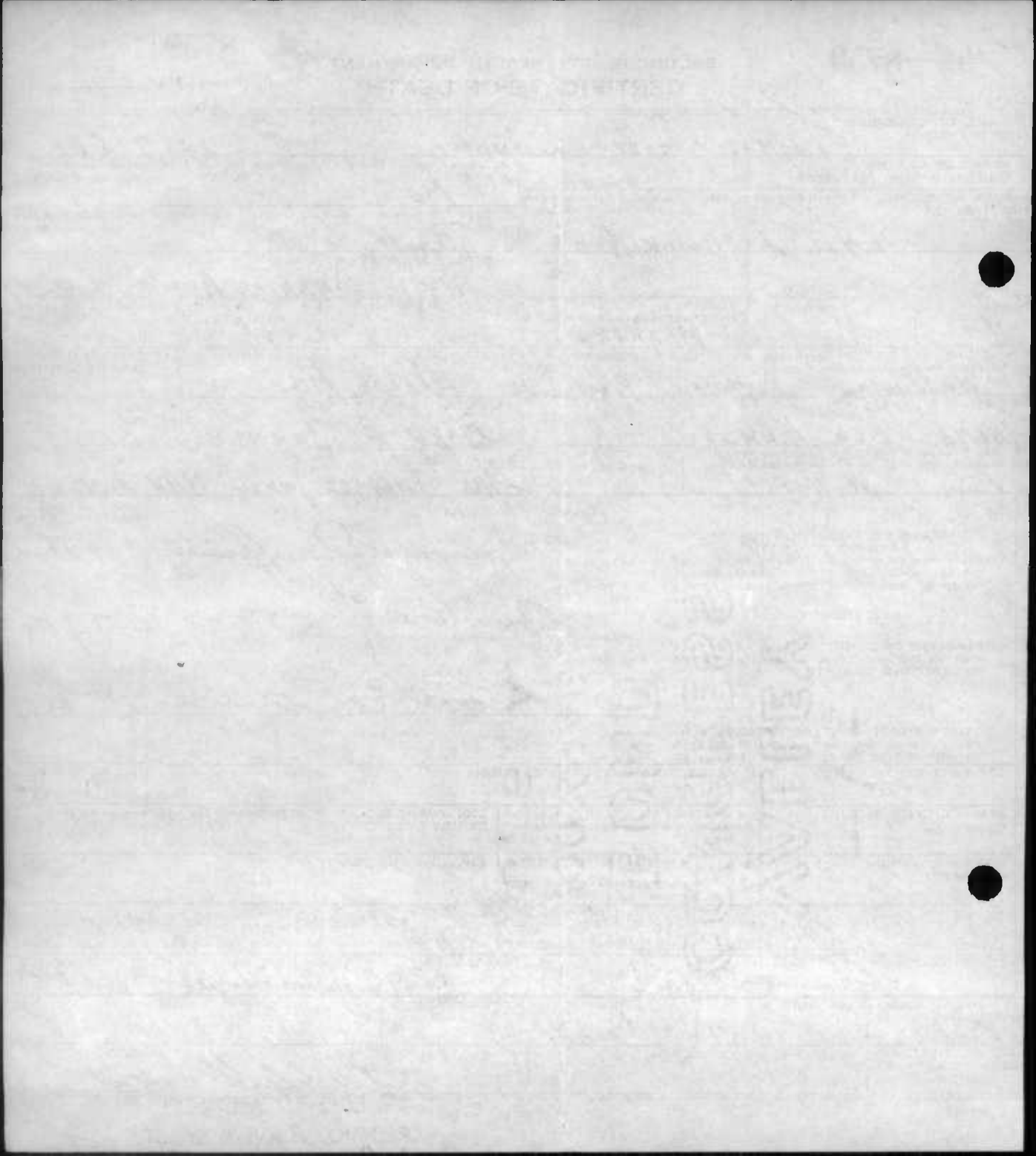


51-8759  
L-530

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8759  
Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>THOMAS JOSEPH LUNDY</b>			2. DATE OF DEATH <b>10-9-51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>443 LORRAINE AVE</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTO.</b>		
D. STREET ADDRESS (If rural, give location) <b>443 LORRAINE AVE</b>			12-03		
c. Length of stay in Baltimore			8. DATE OF BIRTH		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	9. AGE (In years last birthday) <b>38</b>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WATCHMAN</b>			11. BIRTHPLACE (State or foreign country) <b>BALTO. MD.</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>HOGAN PLATT CONSTR.</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>THOMAS LEO LUNDY</b>			14. MOTHER'S MAIDEN NAME <b>MARY E. CONNER</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>YES. W.W. #1</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>MRS. THERESA LUNDY</b>			ADDRESS <b>443 LORRAINE</b>		
18. <b>260X</b>			CAUSE OF DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) <b>Myocardial Infarction</b> <b>48 hrs</b>		
ANTECEDENT CAUSES			(B) <b>Cirrhosis of Liver</b> <b>4 yrs</b>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C) <b>Diabetes Mellitus</b> <b>4 yrs</b>		
19A. DATE OF OPERATION <b>D</b>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>Sept 7th</b> , 1951, to <b>Oct 9</b> , 1951, that I last saw the deceased alive on <b>Oct 7</b> , 1951, and that death occurred at <b>11 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Thomas J. White</b>		23B. ADDRESS <b>3809 Greenmount Ave</b>		23C. DATE SIGNED <b>10/10/51</b>	
24. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>10-12-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>CATHEDRAL</b>	
24D. LOCATION (City, town, or county) _____		24E. STATE _____		25. FUNERAL DIRECTOR <b>Wiedefeld &amp; Son</b>	
24F. DATE RECEIVED BY LOCAL REGISTRAR _____		24G. REGISTRAR'S SIGNATURE _____		24H. ADDRESS <b>WIEDEFELD AND SON</b>	



T. 651

51 8760

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8760

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN JOS. TRUMBO

2. DATE  
OF  
DEATH

10-9-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

415 HOMELAND AVE

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

415 HOMELAND AVE 22-11

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

9. AGE (In years,  
last birthday)10. Under 1 Year  
Months: Days  
Hours: Min.

73

10. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

RACE TRACK EMPLOYEE.

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO., MD.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

GEO. W. TRUMBO

14. MOTHER'S MAIDEN NAME

MARGARET SPELMAN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

NO

17. INFORMANT

ADDRESS

MRS. ELMER KRAUS - 415 HOMELAND AVE

18. 191X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Myocardial Infarction 2 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Enlarged Coronary Arteries 2 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Epithelioma of face 2 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

NO

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 1949, to Oct 9, 1951, that I last saw the deceased alive on Oct 9, 1951; and that death occurred at 7 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas J. White M. D.

23B. ADDRESS

3809 Greenmount Ave 10/10/51.

23C. DATE/SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

10-11-51

24C. NAME OF CEMETERY OR CREMATORY

CATHEDRAL CEM.

24D. LOCATION (City, town, or county)

(State)

25. DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

WIEDEFELD AND SON

1940

STATE OF DEATH

1940

WESTERN UNION  
CHICAGO, ILL.



620  
51 8761CERTIFICATE CORRECTED  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8761

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ANDREW MORSE</b>		2. DATE OF DEATH <b>September 14, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>2-02</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johns Hopkins Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>225 South Ann Street</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 26, 1877</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Waiter</b>		9. AGE (In years last birthday) <b>55 73</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Yanick Connecticut</b>	
13. FATHER'S NAME <b>Andrew Morse</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>		14. MOTHER'S MAIDEN NAME <b>Emma Bogie</b>	
16. SOCIAL SECURITY NO. <b>011-12-2054</b>		17. INFORMANT ADDRESS <b>Mrs. Maude Morse, 225 S. Ann St., Balto.</b>	

18. <b>462X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Pulmonary embolism</b> DUE TO <b>thrombophlebitis of left leg</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B) Myocardial infarct due to coronary artery sclerosis</b> DUE TO <b>(C)</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>Stanley B. Dineen</b>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>9/14/51</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	

UNIVERSITY MEDICAL SCHOOL OCT 1 1951  
Commissioner of Health

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36.6  
51 8762

51 8762

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <i>Landon</i>		2. DATE OF DEATH <i>9.21.57</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>U</i> B. COUNTY <i>13-08</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Cirard and Parkdale Avenue</i> <i>Arleigh Nursing Home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Cirard + Parkdale ave</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>Arleigh Nursing Home</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>U N</i>	9. AGE (In years last birthday) <i>65</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>U</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>k</i>	
13. FATHER'S NAME <i>k</i>		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>0</i>		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>O</i>	
17. INFORMANT <i>n</i>		ADDRESS			
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardiovascular Disease</i> DUE TO (A) _____ DUE TO (B) _____ DUE TO (C) _____		CAUSE OF DEATH <i>Cardiovascular Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept. 17, 1957</i> , to <i>Sept. 21, 1957</i> , that I last saw the deceased alive on <i>Sept. 17, 1957</i> , and that death occurred at <i>9:30 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. P. Johnson</i>		23B. ADDRESS <i>403 Mel Art</i>		23C. DATE SIGNED <i>9.21.57</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>UNIVERSITY MEDICAL SCHOOL</i>	
24D. LOCATION (City, town, or county) (State)		24E. DATE		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 1 1957</i>		REGISTRAR'S SIGNATURE <i>Commissioner of Health</i>		25. FUNERAL DIRECTOR <i>Commissioner of Health</i>	
ADDRESS		ADDRESS		ADDRESS	

VALLEY

ON BRASS

AND

WATER

IN THE

VALLEY

OF THE

51 8763

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8763  
Registered No.

BIRTH NO.

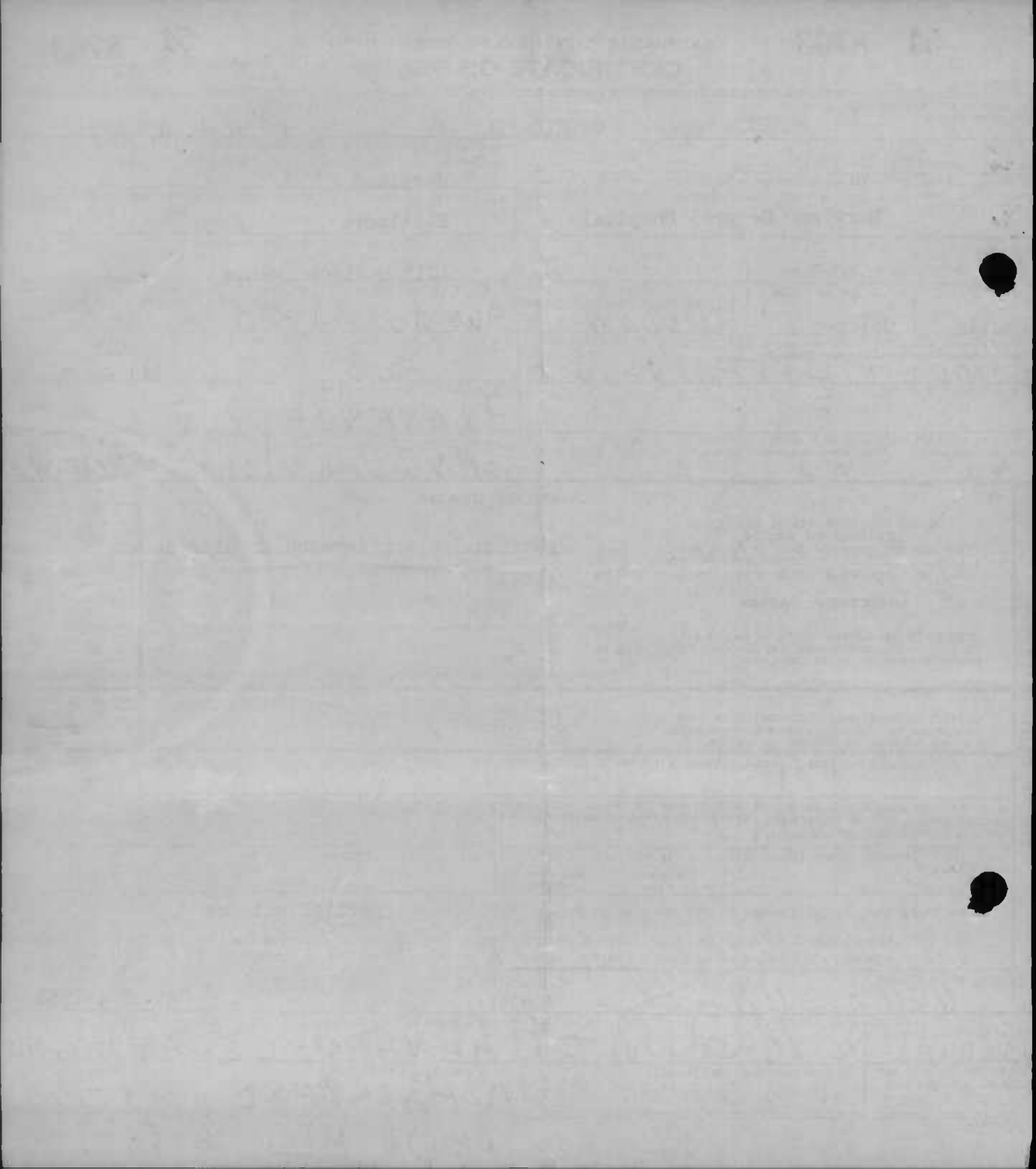
1. NAME OF DECEASED (Type or Print)		REBECCA CARMICHAEL		2. DATE OF DEATH Oct. 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 11-04			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1013 Madison Avenue			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH Aug. 20	9. AGE (In years last birthday) 50	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10B. KIND OF BUSINESS OR INDUSTRY PRIVATE		11. BIRTHPLACE (State or foreign country) S.C.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME ?			
14. MOTHER'S MAIDEN NAME FLORENCE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO			
16. SOCIAL SECURITY NO. NO		17. INFORMANT JOHN C. CARMICHAEL - BOLTON ST.			

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
(B) DUE TO					
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William H. [Signature]		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED Oct. 10, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 10-13-51	24C. NAME OF CEMETERY OR CREMATORY M.T. CAL VARY	24D. LOCATION (City, town, or county) (State) CEDAR HILL MD		
DATE RECEIVED BY LOCAL REGISTRAR OCT 12 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR A. HALSTEAD		ADDRESS 918 - ✓ 720 FA DRUID HILL AVE. 921	



51 8764

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8764

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs Rose Bernstein

2. DATE  
OF  
DEATH

10-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Levindale

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

27-17

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Belvedere

D. STREET ADDRESS (If rural, give location)

Levindale Greening

Length of stay in Baltimore

31

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years last birthday)

79

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

3. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Hospital records

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage 4 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis years

DUE TO

(C) /

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic heart disease

years.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-22, 1951, to 10-10, 1951, that I last saw the deceased alive on 10-10, 1951, and that death occurred at 2 p.m., from the causes and on the date stated above.

23. SIGNATURE

Jerome J. Munkberg M.D.

23B. ADDRESS

Levindale Home

23C. DATE SIGNED

10-10-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-12-51

24C. NAME OF CEMETERY OR CREMATORY

United Hebrew

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

OCT 12 1951

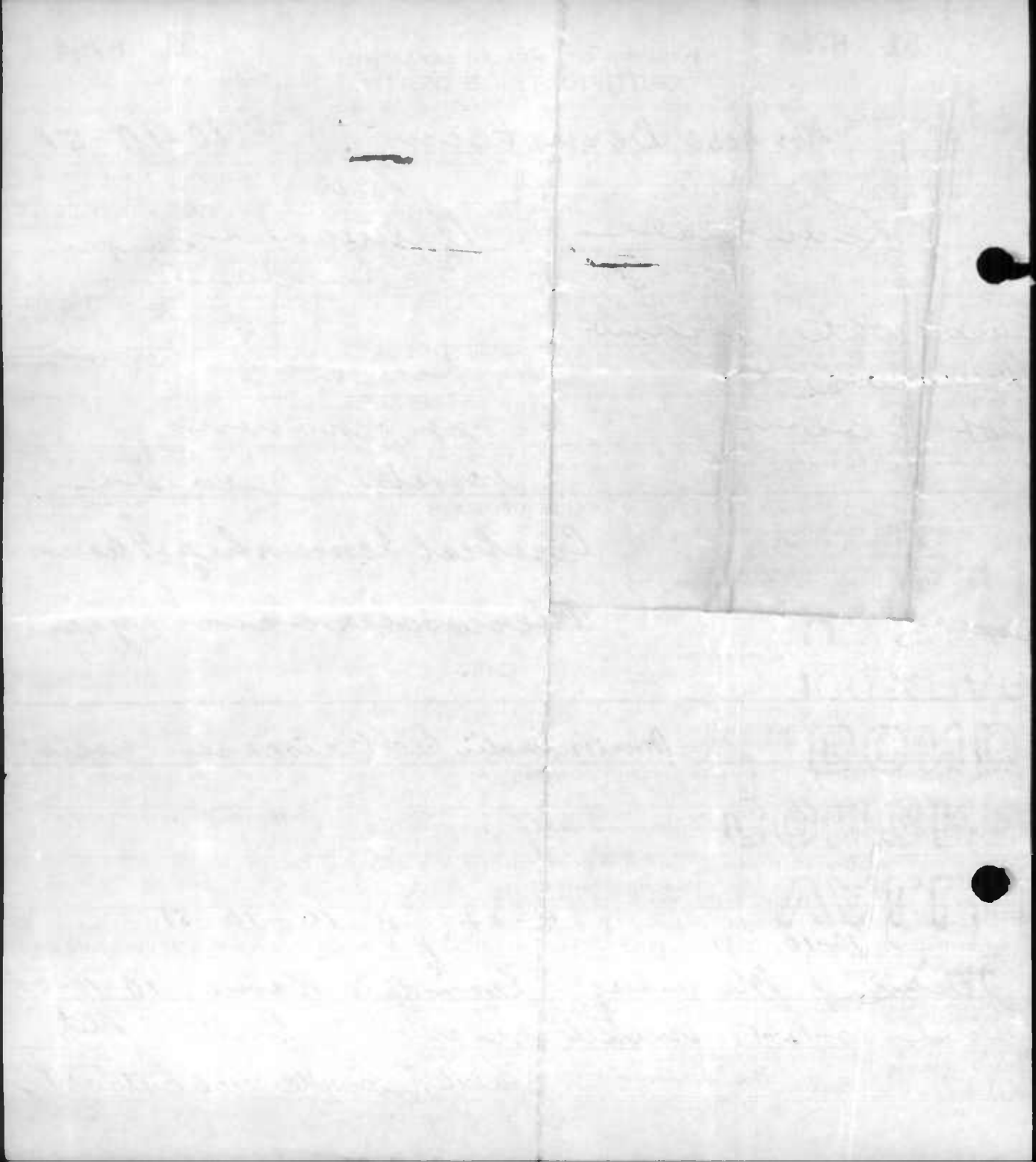
REGISTRAR'S SIGNATURE

J. Williams

25. FUNERAL DIRECTOR

Jack Lewis 2100 Canton Rd





51 8765

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8765  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Norman Clash

2. DATE  
OF  
DEATH

October 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore 17-03

6. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

636 Perkins Ave.

7. SEX

male

8. COLOR OR RACE

Colored

9. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

10. DATE OF BIRTH

8-7-99

11. AGE (In years  
last birthday)

52

12. Under 1 Year  
Months: Days: If Under 24 Hours  
Hours: Min.13. A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Anchie Clash

14. MOTHER'S MAIDEN NAME

Susan Stall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 019.2

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) DISEASE  
DUE TO

Disseminated TBC

INTERVAL BETWEEN  
ONSET AND DEATH

1 year

## ANTECEDENT CAUSES

(B) DISEASE  
DUE TO

Cirrhosis

4 years

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(C) DISEASE  
DUE TOII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 10-2, 1951, to 10-10, 1951, that I last saw the  
deceased alive on 10-16, 1951, and that death occurred at 6:07 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL / CREMA-  
TION / REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

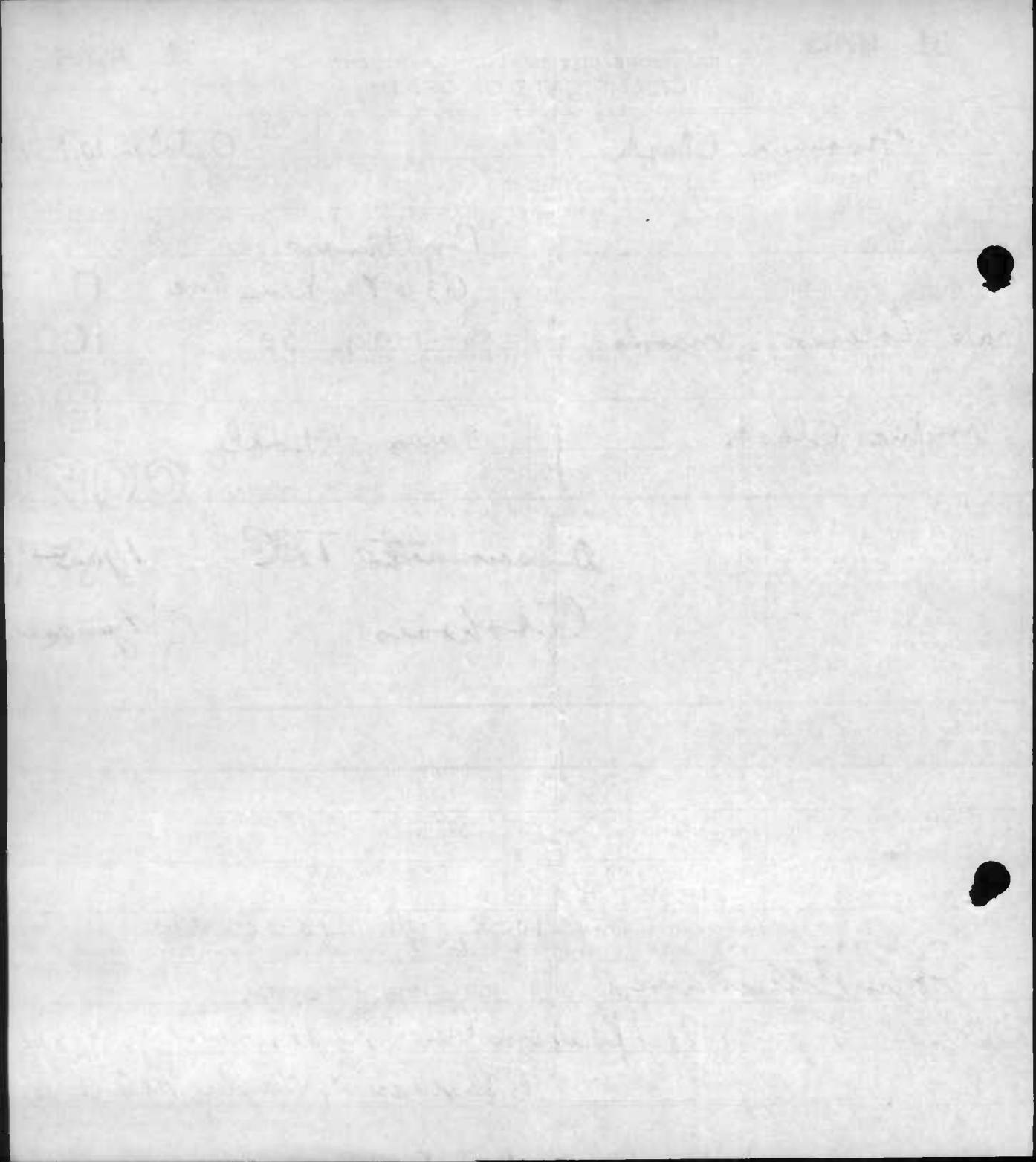
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 8766

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8766

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Sophia Fossett

2. DATE  
OF  
DEATH

Oct. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION 2101 Coldspring Lane4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 11-03

D. STREET ADDRESS (If rural, give location)

705 Druid Hill Ave.

E. Length of stay in Baltimore

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Female Colored Widowed

8. DATE OF BIRTH

9. AGE (In years last birthday) 10. Under 1 Year 11. Under 24 Hours  
72 Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF WHAT COUNTRY?  
U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Gabriel Maddox 1500 Smallwood

18. 422.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Senile myocardial degeneration 3 1/2

## ANTECEDENT CAUSES

(B) DUE TO

Arterio-sclerosis 30 yrs.

(C) DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

George H. Pundleton, M.D.

1723 Druid Hill Ave.

10-12-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

10-12-51

Mt. Auburn Cem

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

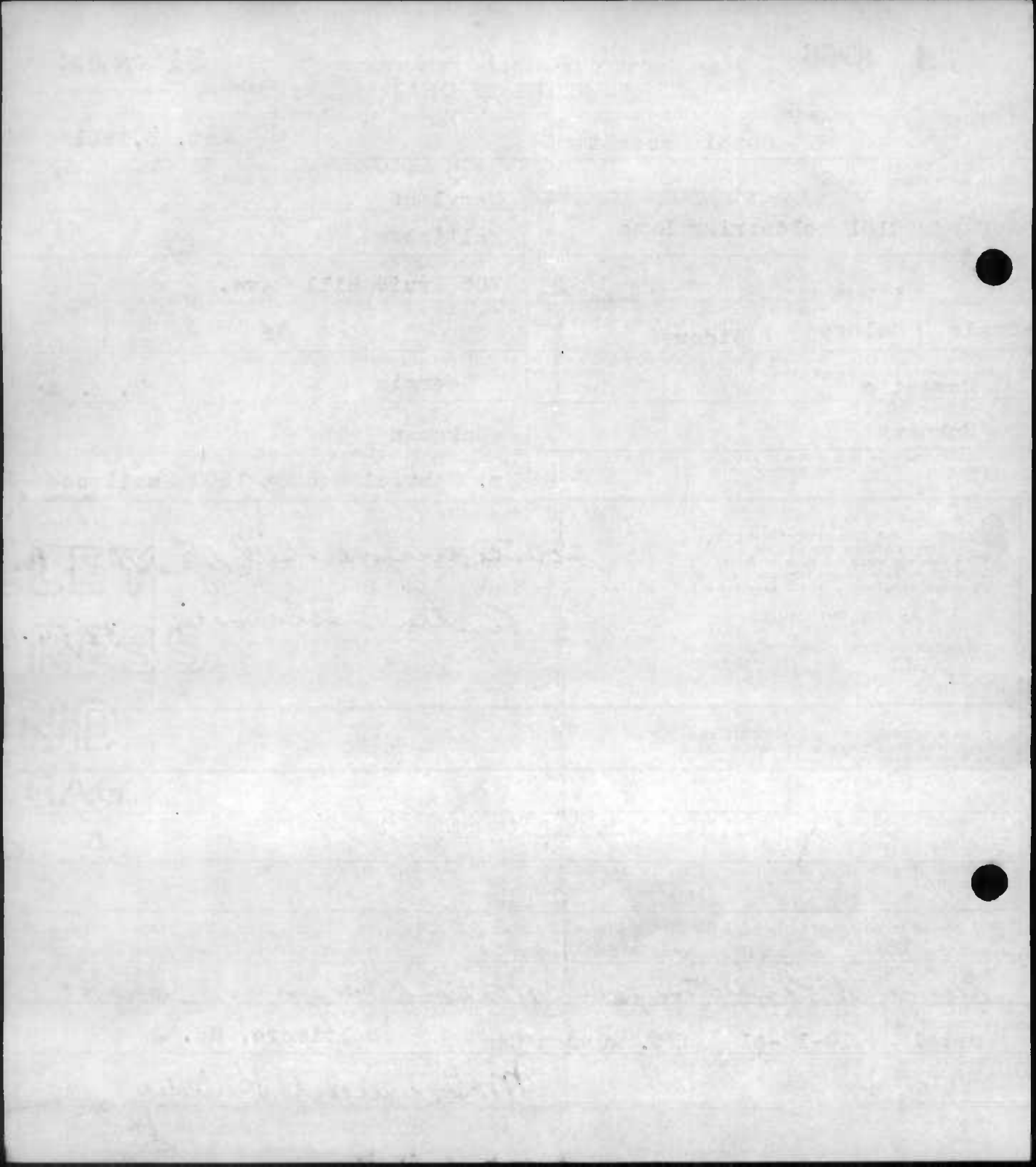
ADDRESS

VS 150

72080

93D

51 W. Balto St.



51 8767

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Vissa Black

2. DATE  
OF  
DEATH

Oct 6 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

512 West Mulberry

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 17-0

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

512 W Mulberry St

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct 15 1908

9. AGE (In years,

last birthday)

42

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Nat. Panama

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Burgess

14. MOTHER'S M maiden NAME

Martha Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

James Black 512 W Mulberry St

18. 222.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Alcoholism

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Malnutrition

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Lott

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Oct 7 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/13/51

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's

24D. LOCATION (City, town, or county) (State)

Baltimore MD

DATE RECEIVED BY LOCAL REGISTRAR

Oct 12 1951

REGISTRAR'S SIGNATURE

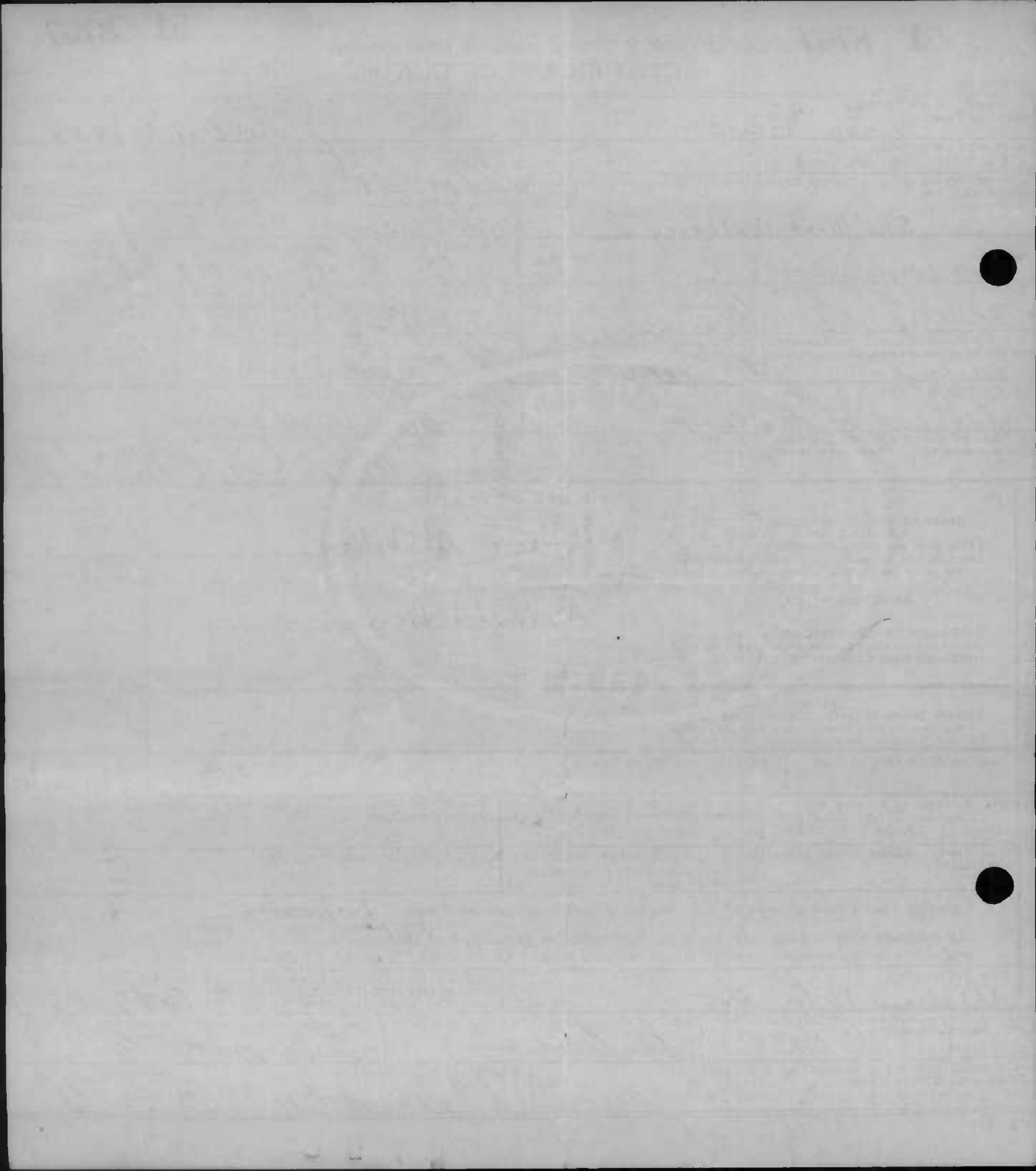
William V. Lott

25. FUNERAL DIRECTOR

W. H. Lott

ADDRESS

1219 St. Paul St





51 8768

51 8768

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Alma C. Kelly</i>		2. DATE OF DEATH <i>Oct. 14, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>JOHNS HOPKINS HOSPITAL</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind</i> B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1015 N. Wolfe St</i>	
7. SEX <i>Female</i>	8. COLOR OR RACE <i>Colored</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Sep.</i>	10. DATE OF BIRTH <i>3-26-13</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. AGE (In years last birthday) <i>38</i>
13. FATHER'S NAME <i>John Kelly</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>581.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cirrhosis</i>	CAUSE OF DEATH (A) <i>Cirrhosis</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>6 months</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Alcoholism</i>	(B) <i>Alcoholism</i> DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>9/10</i> 19 <i>51</i> , to <i>10/11</i> 19 <i>51</i> , that I last saw the deceased alive on <i>10/11</i> 19 <i>51</i> , and that death occurred at <i>2:15</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>W. S. Longford</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>10-11-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>10/14/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Wall Cemetery</i>	24D. LOCATION (City, town, or county)	(State) <i>Smithfield, N.C.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 12 1951</i>	REGISTRAR'S SIGNATURE <i>W. S. Longford</i>	25. FUNERAL DIRECTOR <i>Charles R. Law</i>		ADDRESS <i>802 Mad. Ave.</i>	

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

415, 51 8769

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8769  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Viola A. Sullivan

2. DATE  
OF DEATH

10/11/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

855 Washington Blvd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

855 Washington Blvd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore 21-02

C. Length of stay in Baltimore

25

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

855 Washington Blvd.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7/21/1892

9. AGE (In years  
last birthday)

59

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Towson Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard Pedersen

14. MOTHER'S MAIDEN NAME

Elizabeth Hussar

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Margaret Devine 707 Henry St.

18. 153X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Pulmonary Edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Concussion of Intestine

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

about 1 day

about 1  
yr.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Aug. 1, 1951

19B. MAJOR FINDINGS OF OPERATION

generalized carcinomatosis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from about 1945, to Oct 11, 1951, that I last saw the  
deceased alive on Oct 10, 1951, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE

R. Highstein

M. D.

23B. ADDRESS

888 W. Lombard St.

23C. DATE SIGNED

10.11.51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/15/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn Md.

(State)

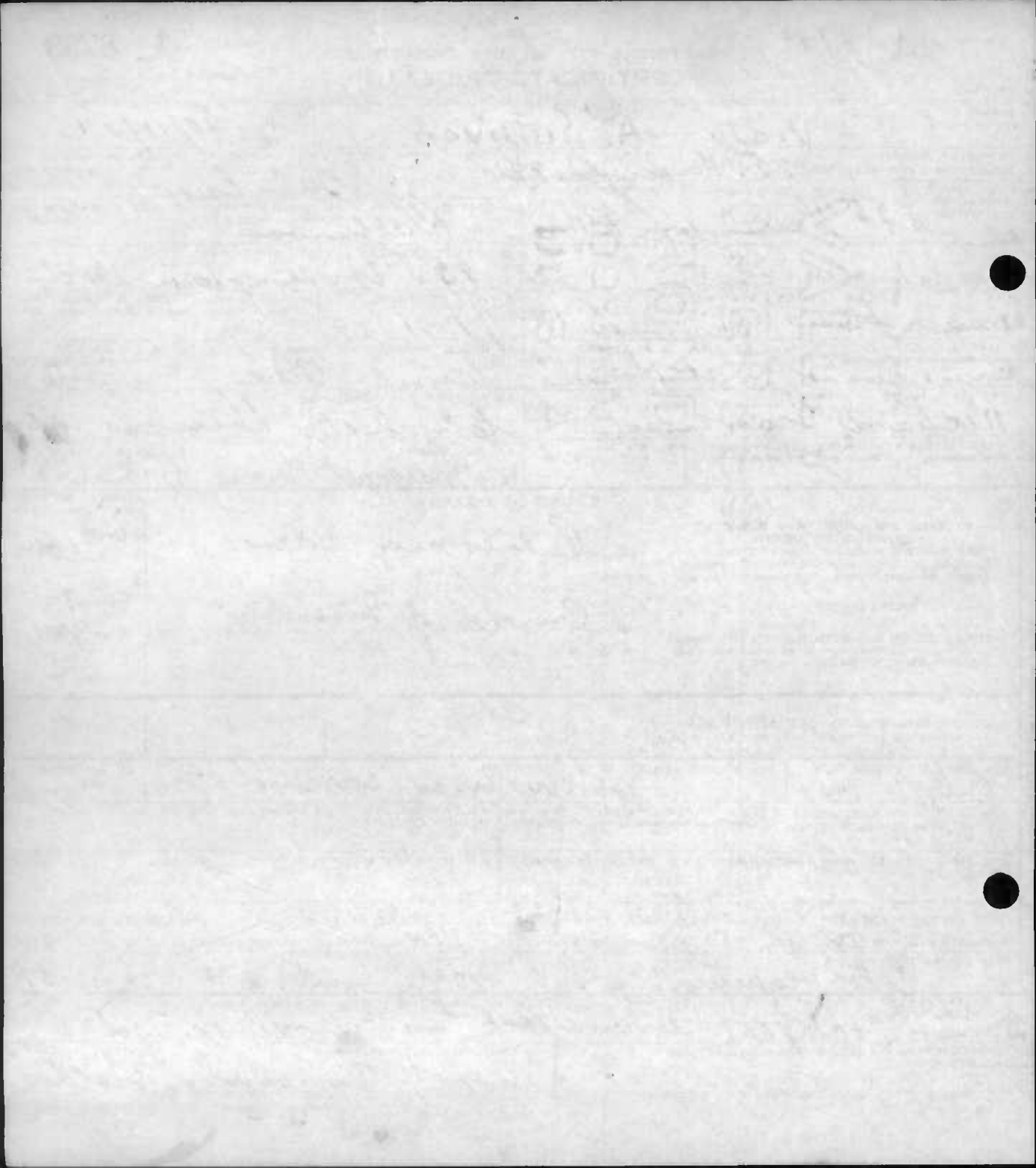
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John J. Cowan &amp; Son 3301 St.



51 8770

51 8770

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Helen Anderson

2. DATE  
OF  
DEATH

10/10/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

613 S.Charles Street

4. USUAL RESIDENCE (Where deceased lived. If institution; residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give  
Baltimore City 22-01 township)

D. STREET ADDRESS (If rural, give location)

613 S.Charles Street

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/30/1907

9. AGE (In years  
last birthday)

42

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Columbia, S.C.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

William Anderson-112 W. Hughes St.

18. 002X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Pulmonary T.B.C.

Unknown

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

## II

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 16, 1951, to Oct. 10, 1951, that I last saw the  
deceased alive on Oct. 9, 1951, and that death occurred at 4:30 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John W. Gaine

M. D.

525 W. Hamburg St.

10/11/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/13/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Ct.

24D. LOCATION (City, town, or county)

A.A.CO., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

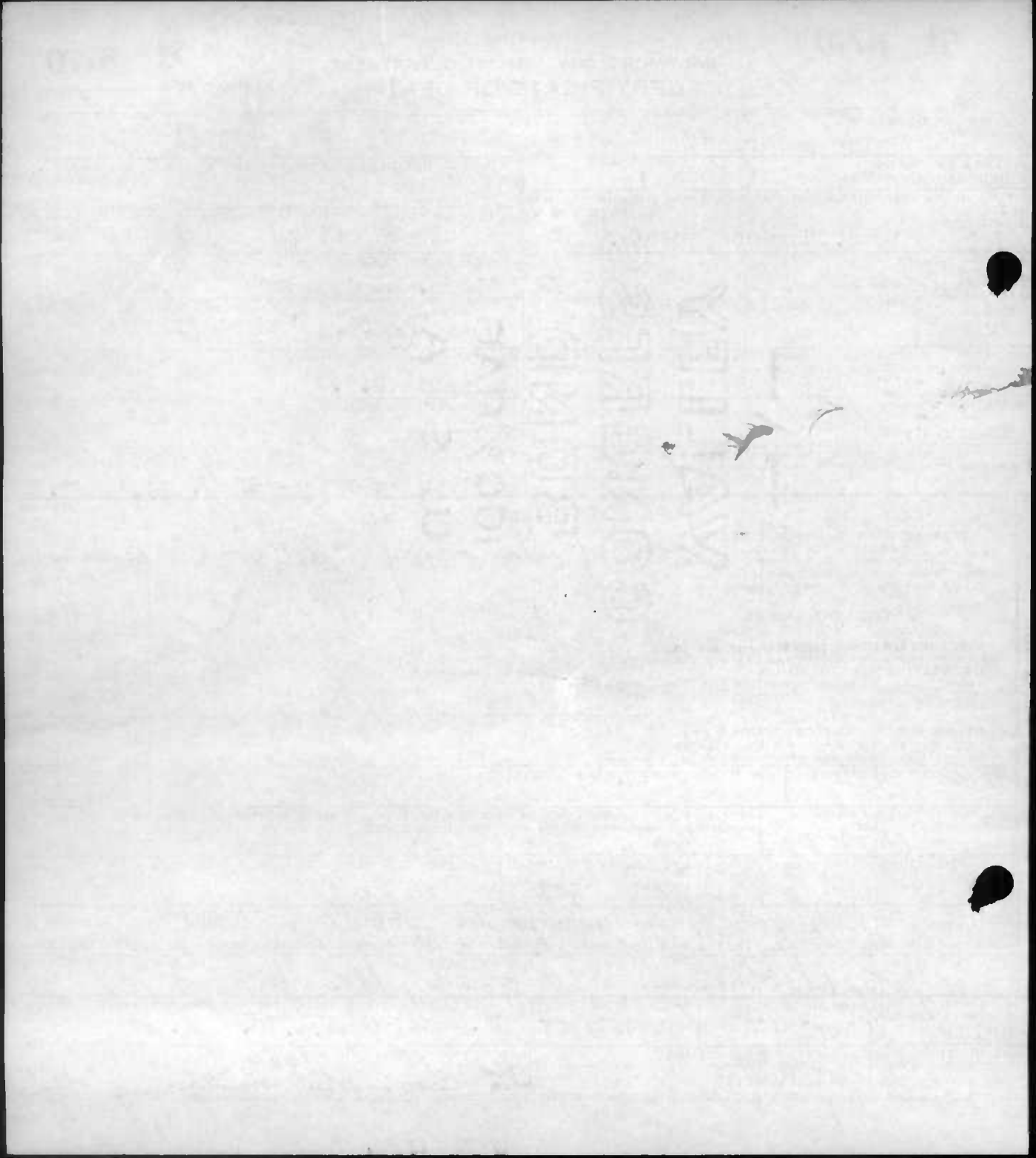
OCT 12 1951

Huntington Williams

J.L. Brown &amp; Son - Montgomery St

VS 150

13B





51 8771

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8771  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or print)

Baumgardner, Margaret E.

2. DATE  
OF  
DEATH

10/11/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hosp.

C. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of worklog life, even if retired)

HW

10B. KIND OF BUSINESS OR  
INDUSTRY

Own Home

13. FATHER'S NAME

Edward Myers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

11/8/1912

9. AGE (In years  
last birthday)

39

11. Under 1 Year  
Months: Days12. Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S M maiden NAME

Mary Tierrell

17. INFORMANT

ADDRESS

Ralph Baumgardner 213 Mallow

18. 171X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebral metastasis

1 mos.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Coronary atherosclerosis

5 mos.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Squamous cell ca. of  
cervix

7 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/29, 1951, to 10/11, 1951, that I last saw the  
deceased alive on 10/11, 1951, and that death occurred at 6:17 p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

R. S. Chambers

Franklin Square Hosp.

10/11/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Oct. 15/51

New Cathedral

Baltimore Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 12 1951

Huntington Williams, Jr.

Harry H. Witzke, 4101 Edmondson

VS 150

48a Ave





421  
51 8772BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8772  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

JAMES W. GILLESPIE

2. DATE  
OF  
DEATH

OCTOBER-10-1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland / S. BEACHFIELD AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

28-04

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE MD

D. STREET ADDRESS (If rural, give location)

1 S. BEACHFIELD AVE.

6. Length of stay in Baltimore

67

Yrs.  
Mos.  
Days

7. SEX

MALE

8. COLOR OR RACE

WHITE

9. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWER

10. DATE OF BIRTH

FEB-26-1884

11. AGE (In years  
last birthday)

67

12. Under 1 Year  
Months: Days13. Under 24 Hours  
Hours: Min.14. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

RETIRED-

15. KIND OF BUSINESS OR  
INDUSTRY

NIGHT WATCHMAN

16. BIRTHPLACE (State or foreign country)

BALTIMORE MD

17. CITIZEN OF  
WHAT COUNTRY?

U.S.

18. FATHER'S NAME

ROBERT GILLESPIE

19. MOTHER'S MAIDEN NAME

ELIZABETH DUNCAN

20. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)21. SOCIAL  
SECURITY NO.

212-14-5720

22. INFORMANT

ADDRESS

WM. F. GILLESPIE 1 S. BEACHFIELD AVE

23. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

24. DATE OF OPERATION

25. MAJOR FINDINGS OF OPERATION

26. AUTOPSY?

YES ☐ NO ☐27. ACCIDENT WAS UNDER  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH28. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)29. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?30. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

31. INJURY OCCURRED

32. HOW DID INJURY OCCUR?

M.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐33. I hereby certify that I attended the deceased from Sept 10, 1951, to Oct 10, 1951, that I last saw the  
deceased alive on Oct 5, 1951, and that death occurred at 2 A.M., from the causes and on the date stated above.

34. SIGNATURE

35. ADDRESS

36. DATE SIGNED

37. BURIAL, CREMA-  
TION, REMOVAL (Specify)

38. DATE

39. NAME OF CEMETERY OR CREMATORY

40. LOCATION (City, town, or county) (State)

41. DATE RECEIVED BY  
LOCAL REGISTRAR

42. REGISTRAR'S SIGNATURE

43. FUNERAL DIRECTOR

ADDRESS

CT 121951

Bernard C. Harle 131 E West St

VS 150

76324

94a

1935

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1947

1948

600  
51 8773BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8773

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DELLA M. MAIER

2. DATE  
OF  
DEATH

October 11th, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2816 Christopher Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2816 Christopher Ave.

C. Length of stay in Baltimore

30 Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 19, 1884

9. AGE (In years  
last birthday)

66

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Balto. Co., Md.

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

Willard F. Whittington

14. MOTHER'S MAIDEN NAME

Annie Wheeler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.  
none

17. INFORMANT

ADDRESS

Mrs. Eleanor Chitty, 2816 Christopher Ave.

18. 196X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946 to 10/11/51, 19, that I last saw the  
deceased alive on 10/11/51, 19, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

Oct. 14, 1951

Bosley Meth. Cemetery

Baltimore Co., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 12 1951

Willard F. Whittington, M.D.

Lorraine Funeral Home

7401 Belair Rd.



51 8774

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8774  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>HUNTER R. CARBOUGH</b>		2. DATE OF DEATH <b>October 10, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY			
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Johns Hopkins Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 6-03</b>			
6. LENGTH OF STAY IN BALTIMORE <b>15 YRS</b>		D. STREET ADDRESS (If rural, give location) <b>5 N. Collington Avenue</b>			
7. SEX <b>Male</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	10. DATE OF BIRTH <b>JUNE 8 1904</b>	11. AGE (in years last birthday) <b>47</b>	12. If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PAINTER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>JOHN'S HOPKINS HOSP</b>		11. BIRTHPLACE (State or foreign country) <b>STEVEN CITY, VA</b>	
13. FATHER'S NAME <b>PURCH CARBAUGH</b>		14. MOTHER'S MAIDEN NAME <b>?</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>225-09-8438</b>		17. INFORMANT ADDRESS <b>MRS WGMEL DORF 5 N COLLINGTON AVE.</b>	

18. <b>E970.2</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Barbiturate poisoning</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO <b>ANTECEDENT CAUSES</b>		
(B) DUE TO <b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</b>		
(C) DUE TO <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>		

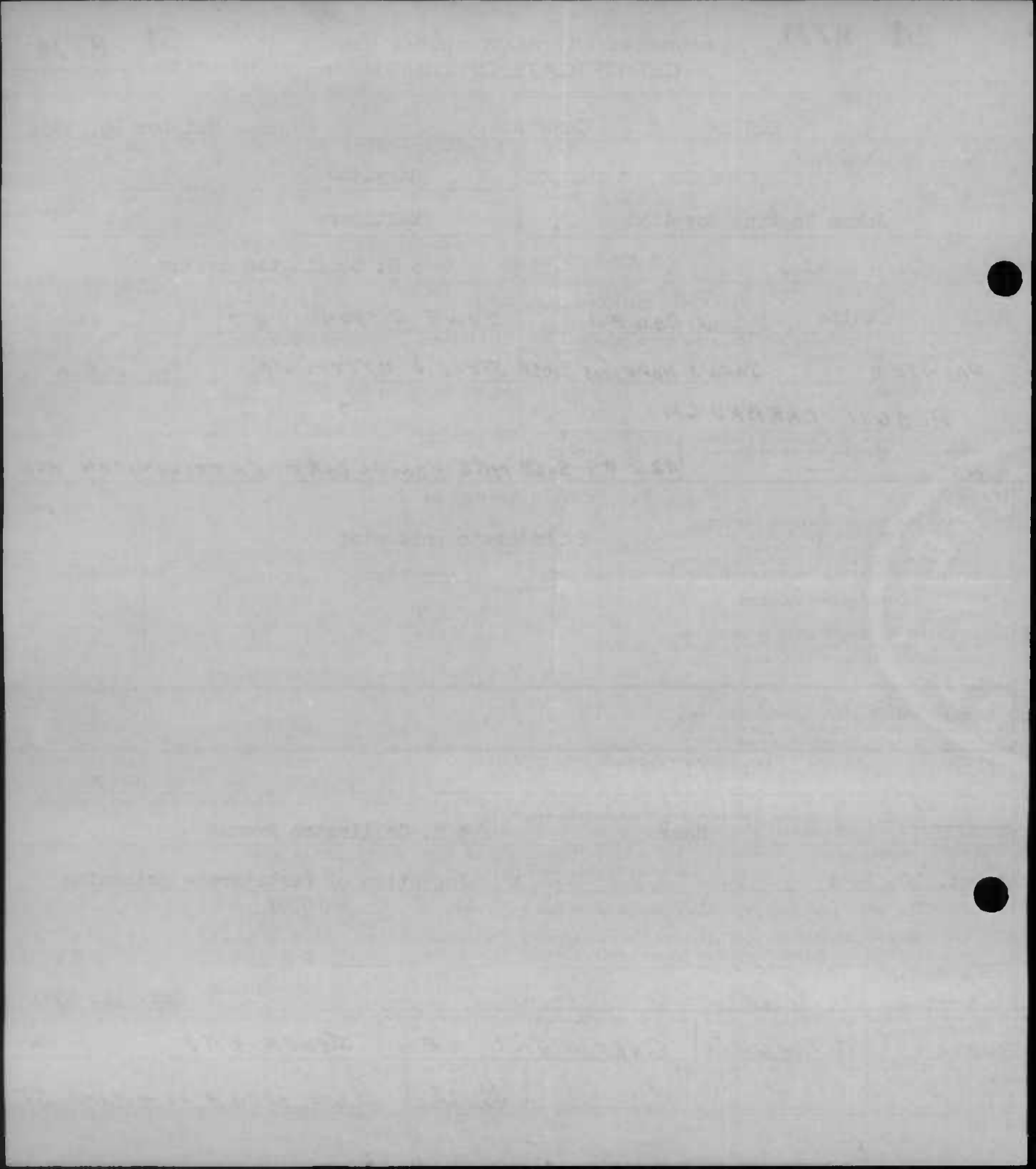
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>5 N. Collington Avenue</b>	
21D. TIME (Month) (Day) (Year) (Hour) <b>Oct. 10, 1951 P.m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Ingestion of barbiturate poisoning</b>	
I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William J. Smith</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED <b>Oct. 11, 1951</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>OCT 14 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>GREEN HILL CEM.</b>		24D. LOCATION (City, town, or county) (State) <b>STEVEN CITY VA</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 12 1951</b>		REGISTRAR'S SIGNATURE <i>William J. Smith</i>		25. FUNERAL DIRECTOR <i>Dyfel Bros.</i>		ADDRESS <b>1800 E LOMBARD ST.</b>	

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422

51 8775

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8775

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Alexander W. Klosek

2. DATE  
OF  
DEATH

Oct. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHN'S HOPKINS HOSPITAL

C. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

SHIPPING CLERK.

10B. KIND OF BUSINESS OR  
INDUSTRY

R.C. HELLER CO

13. FATHER'S NAME

STANLEY KLOSEK.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

216-03-4806

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give  
township)

D. STREET ADDRESS (If rural, give location)

1811 E. Lombard St.

8. DATE OF BIRTH

9-17-1911

9. AGE (In years  
last birthday)

40

11 Under 1 Year  
Months: Days12 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

TITTIE ?

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 330X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Subarachnoid hemorrhage

INTERVAL BETWEEN  
ONSET AND DEATH

30 hours

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Cerebrovascular aneurysm

DUE TO

(C)

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORKNOT WHILE  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/9/1951, to 10/10/1951, that I last saw the  
deceased alive on 10/10/1951, and that death occurred at 11 m., from the causes and on the date stated above.

23A. SIGNATURE

Freighton E. Cluff

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-10-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

OCT 13 1951

24C. NAME OF CEMETERY OR CREMATORY

ST STANISLAUS CEM

24D. LOCATION (City, town, or county)

DUNDALK AVE

(State)

MD.

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Freighton E. Cluff

25. FUNERAL DIRECTOR

ADDRESS

Doffel Bros 1800 E LOMBARD ST.

VS 150

34233

83a

RECEIVED

WATTS

WATTS

WATTS

WATTS

WATTS

WATTS

WATTS

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WATTS

WATTS

322  
51 8776BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8776

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WILLIAM J. HITCHCOCK

2. DATE  
OF  
DEATH

OCT. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

SIS ROSSITER AVE.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

27-10

D. STREET ADDRESS (If rural, give location)

SIS ROSSITER AVE

C. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

W

SINGLE

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MACHINIST

10B. KIND OF BUSINESS OR INDUSTRY

TOOL MFG.

13. FATHER'S NAME

JOSEPH K. HITCHCOCK

11. BIRTHPLACE (State or foreign country)

BALTO. MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

212-10-9582

17. INFORMANT

MRS. J.F. THOMAS

ADDRESS

SAME

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardio-vascular Disease

DUE TO

3 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Coronary Thrombosis, Old

1 year

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1950, to Oct. 10, 1951, that I last saw the deceased alive on Sept. 25, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. Rammner, Jr.

M. D.

23B. ADDRESS

501 Sheridan Ave.

23C. DATE SIGNED

Oct. 12, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

10-13-1951

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. H. Rammner, Jr.

25. FUNERAL DIRECTOR

H.W. JENKINS &amp; SONS Co. 4905 YORK RD.

ADDRESS

OCT 12 1951

VS 150.

54436

932

1. The first part of the report deals with the general situation of the country and the progress of the work during the year. It is a summary of the work done and the results obtained. It is a general overview of the work done and the results obtained.

2. The second part of the report deals with the specific work done during the year. It is a detailed account of the work done and the results obtained. It is a detailed account of the work done and the results obtained.

3. The third part of the report deals with the conclusions drawn from the work done during the year. It is a summary of the conclusions drawn from the work done and the results obtained. It is a summary of the conclusions drawn from the work done and the results obtained.

4. The fourth part of the report deals with the recommendations made for the future work. It is a summary of the recommendations made for the future work. It is a summary of the recommendations made for the future work.

5. The fifth part of the report deals with the closing remarks. It is a summary of the closing remarks. It is a summary of the closing remarks.

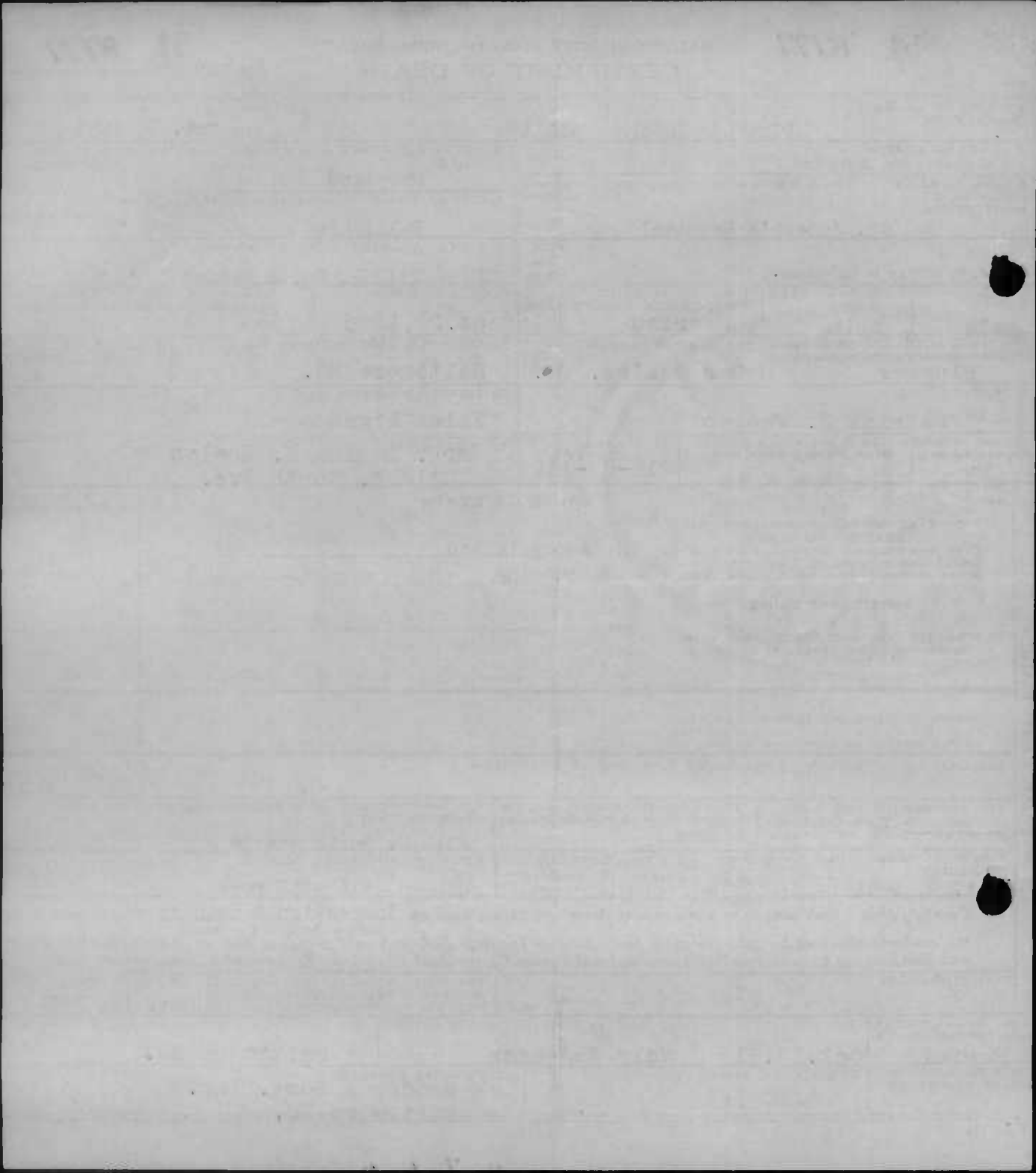
450  
51 8777BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8777  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>MICHAEL JOSEPH WHELAN</b>		2. DATE OF DEATH <b>Oct. 9, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
Length of stay in Baltimore.		D. STREET ADDRESS (If rural, give location) <b>2312 E. North Avenue</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 24, 1895</b>	9. AGE (in years last birthday) <b>56</b>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plumber</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Gas &amp; Elec. Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore Md.</b>	
13. FATHER'S NAME <b>Patrick J. Whelan</b>		14. MOTHER'S MAIDEN NAME <b>Ellen Digan</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>216-07-1102</b>		17. INFORMANT <b>Mrs. Regina M. Whelan</b> <b>2312 E. North Ave.</b>	
18. <b>E 974x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Asphyxiation</b> DUE TO <b>hanging</b>		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(A) Asphyxiation</b> <b>(B)</b> <b>(C)</b>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE OF DEATH WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>2312 E. North Avenue</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Oct. 9, 1951</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Hanged self with rope</b>	
I certify that I took charge of the remains described above, held an <u>inspection &amp; inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley H. Deneale</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Oct. 10, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 13, 51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>	
24D. LOCATION (City, town, or county) <b>Baltimore Md.</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE <i>Stanley H. Deneale</i>	
24G. FUNERAL DIRECTOR <b>H Sander &amp; Sons. Inc.</b>		24H. ADDRESS <b>Baltimore Md.</b>		24I. SIGNATURE <i>Stanley H. Deneale</i>	

N 991x

574 5E

164a



30 51 8778

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8778  
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Anna May Hart</i>			2. DATE OF DEATH <i>10/10/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-06</i>					
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>1611 N. Durham Street</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>January 19, 1877</i>		9. AGE (In years last birthday) <i>74</i>		10. Under 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Peter A. Franz</i>			14. MOTHER'S MAIDEN NAME <i>Sarah Turner</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		
16. SOCIAL SECURITY NO. <i>none</i>			17. INFORMANT <i>Mr. Henry G. Hart</i>			ADDRESS <i>1611 N. Durham St.</i>		

18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Diabetic coma</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>10/13/51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/8/51</i> to <i>10/10/51</i> , that I last saw the deceased alive on <i>10/10/51</i> , and that death occurred at <i>9:30 p. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Anthony C. Vurne</i>		23B. ADDRESS <i>Maryland Gen Hosp</i>		23C. DATE SIGNED <i>10/10/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 13, 51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>		25. FUNERAL DIRECTOR <i>H Sander &amp; Sons Inc.</i>		ADDRESS <i>Baltimore Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 13 1951</i>		REGISTRAR'S SIGNATURE <i>Anthony C. Vurne</i>		61	



10/10/21

10/10/21

General Hospital

Female White Marrow

10/10/21

10/10/21

10/10/21

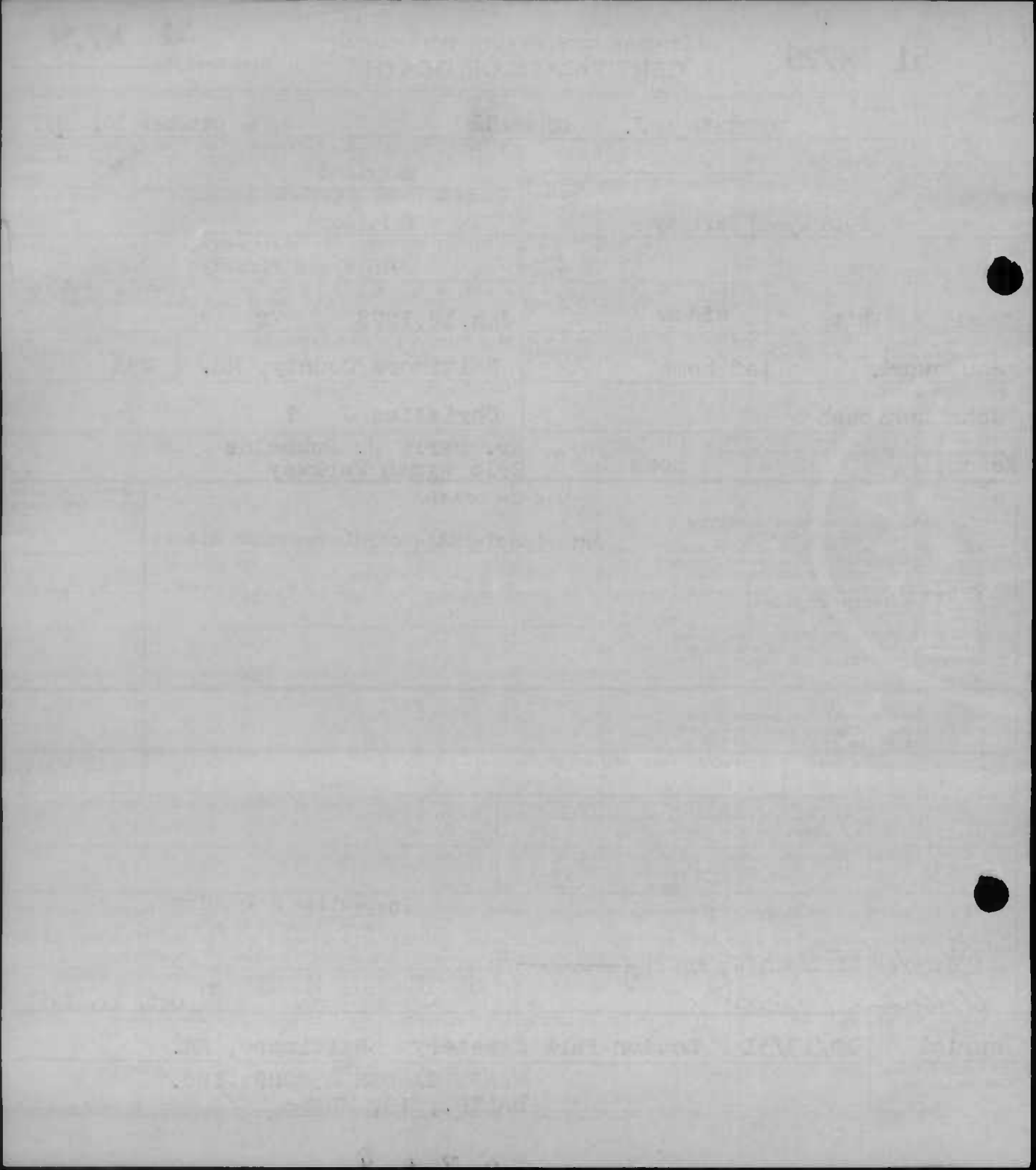
Diabetic coma

10/10/21

10/10/21

10/10/21

143		BALTIMORE CITY HEALTH DEPARTMENT		51 8779	
51 8779		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
DOROTHEA J. DUBBELDE			October 10, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. FULL NAME OF (If not in hospital or institution, give street address or location)			a. STATE		
2916 Wyman Parkway			Maryland		
c. Length of stay in Baltimore			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
Yrs. Mos. Days			Baltimore 12-06		
d. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location)		
			2916 Wyman Parkway		
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Female		White		widow	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
Housework		at home		Jan. 12, 1878	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		9. AGE (in years last birthday)	
Baltimore County, Md.		USA		72	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		11 Under 1 Year Months: Days	
John Muhlbach		Christina J ?		11 Under 24 Hours Hours: Min.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INDEMNITY ADDRESS	
No		none		Mr. Harry J. Dubbelde 2916 Wyman Parkway	
18. 422.1 CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) Arteriosclerotic cardiovascular disease		
ANTECEDENT CAUSES			(B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, of the cause of death resulting from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE		23b. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23c. DATE SIGNED	
William V. [Signature]				Oct. 11, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
burial		10/13/51		Loudon Park Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24d. LOCATION (City, town, or county) (State)	
OCT 13 1951		[Signature]		Baltimore, Md.	
		25. FUNERAL DIRECTOR		ADDRESS	
		HENRY SANDER & SONS, INC.		BALTO., 13, MD	
				93D	



51 8780

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8780  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLES M. DORSEY SR

2. DATE  
OF  
DEATH

10-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNION MEMORIAL HOSP.

C. Length of stay in Baltimore

21

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

SELF NOTE MFG. REP.

10B. KIND OF BUSINESS OR  
VARIED SALES INDUSTRY

DISTRIBUTION

13. FATHER'S NAME

Charles J. Dorsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

Unknown

16. SOCIAL  
SECURITY NO.

NONE

8. DATE OF BIRTH

2-5-93

9. AGE (In years  
last birthday)

58

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland - Balto

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Margaret Teal.

17. INFORMANT

ADDRESS

Mrs. JEANNE V. DORSEY.

ABOVE

18. 181X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Carcinoma of bladder

6 mo?

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10-2-51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of bladder

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-21-51, 19\_\_, to 10-10-51, 19\_\_, that I last saw the  
deceased alive on 10-10, 1951, and that death occurred at 11:56 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William A. Crockett

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

10-11-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

10/3/51

24C. NAME OF CEMETERY OR CREMATORY

WOODLAWN

24D. LOCATION (City, town, or county)

WOODLAWN, MD

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 13 1951

Wm J. Johnson, Jr. Inc. Balto MD

VS 150

29082

52B

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1947 12

1947 12

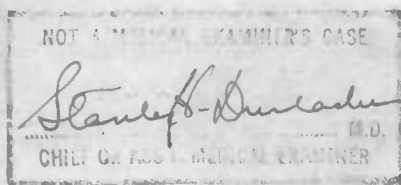
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1947 12

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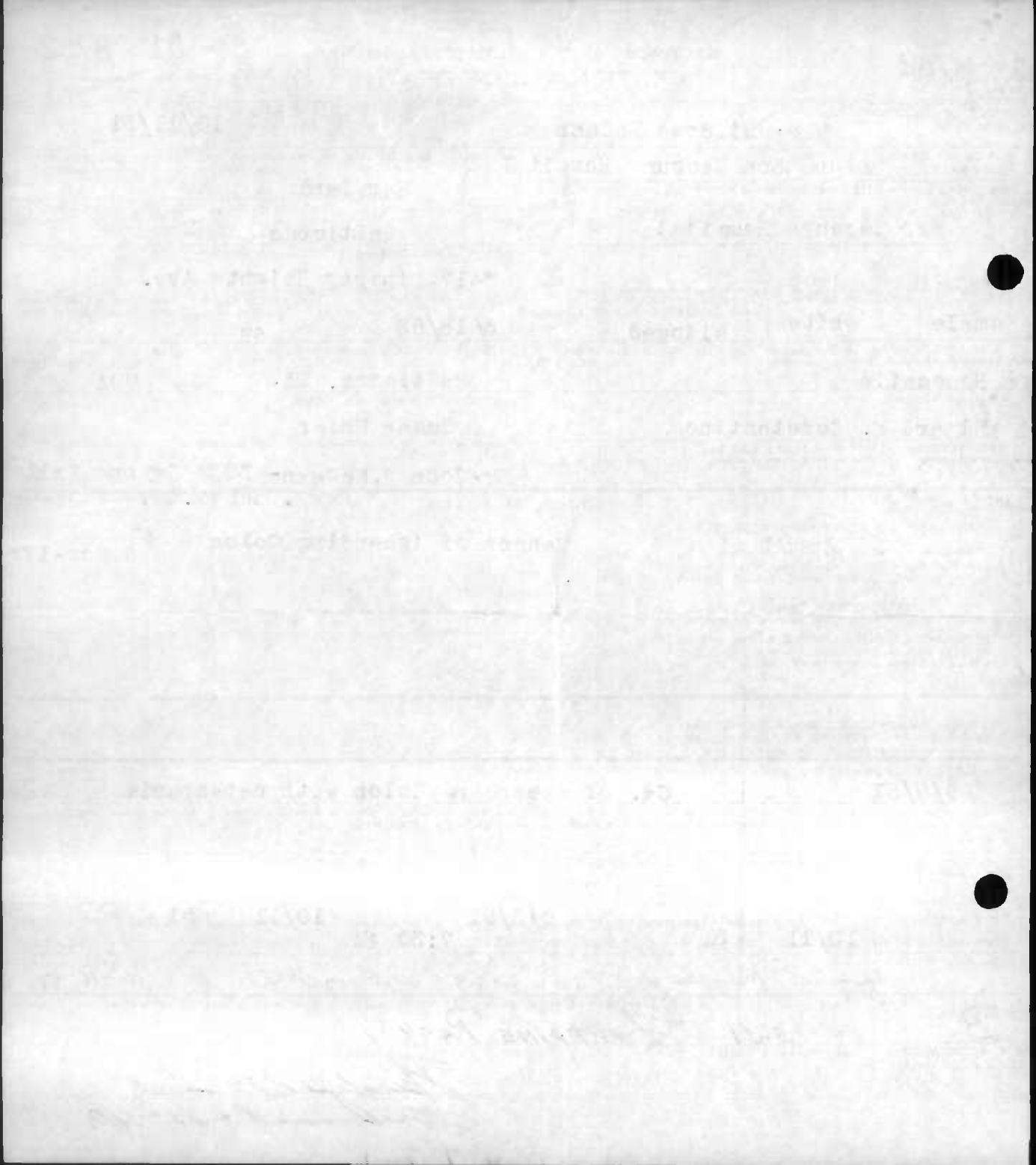




250  
1 8782BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8782

1. NAME OF DECEASED (Type or Print) Mrs. Mildred McCann		2. DATE OF DEATH 10/11/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Bon Secours Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 1. STATE Maryland B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-38 D. STREET ADDRESS (If rural, give location) 3417 Liberty Heights Ave.	
5. FULL NAME OF (If not in hospital or institution, give street address or location) BON SECOURS HOSPITAL		6. DATE OF BIRTH 3/18/82	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. AGE (in years last birthday) 69	
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10. BIRTHPLACE (State or foreign country) Baltimore, Md.	
11. FATHER'S NAME Edward F. Constantine		12. CITIZEN OF WHAT COUNTRY? USA	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Susan Uhler	
15. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. John H. McCann - 3033 Gwynns Falls	
18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cancer of Ascending Colon DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 6 Mos.-1 Yr	
19A. DATE OF OPERATION 9/8/51		19B. MAJOR FINDINGS OF OPERATION Ca. of Ascending Colon with metastasis	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/5/51, 1951, to 10/11, 1951, that I last saw the deceased alive on 10/11, 1951, and that death occurred at 7:30 AM on the causes and on the date stated above.			
23A. SIGNATURE Luan M. M. D.		23B. ADDRESS 2025 W. Fayette	
23C. DATE SIGNED 10-11-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) B-		24B. DATE 10-13-51	
24C. NAME OF CEMETERY OR CREMATORY DORRINE PARK		24D. LOCATION (City, town, or county) (State)	
25. FUNERAL DIRECTOR W. H. Williams		25. FUNERAL DIRECTOR ADDRESS W. H. Williams	



525  
51 8783BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8783

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

KATE E. JOHNSON

2. DATE  
OF DEATH 10-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

425 E. North Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write full name and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

425 E. North Avenue

E. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

--

13. FATHER'S NAME

Adderley Cooper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

-

17. INFORMANT

ADDRESS

Mr. Howard C. Lidie-425 E. North Ave

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic Cardio-

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Vascular Disease

DUE TO

2 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-10, 1951, to 10-10, 1951, that I last saw the deceased alive on 10-10, 1951, and that death occurred at 2:26 p.m., from the causes and on the date stated above.

23A. SIGNATURE

P.D. Ryan

M. D.

23B. ADDRESS

R. &amp; Chas

23C. DATE SIGNED

10-10-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-18-51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county) (State)

City.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wiedefeld &amp; Son

25. FUNERAL DIRECTOR

ADDRESS

WIEDEFELD AND SON

GREENMOUNT AVE. &amp; 22nd ST.

VS 150

937

UNITED STATES DEPARTMENT OF JUSTICE

WASHINGTON, D. C.

February 1, 1964

Dear Sir:

Reference is made to your letter of January 28, 1964, regarding the above-captioned matter.

The Bureau is currently reviewing the information submitted to it.

Your attention is directed to the fact that the Bureau is not in a position to advise you of the results of its review at this time.

Very truly yours,

Director

Enclosure

Very truly yours,

Director

Enclosure

Very truly yours,

Director

Enclosure

Very truly yours,

Director

Enclosure

Very truly yours,

Director

Enclosure

36  
51 AB-16253  
8784

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8784

1. NAME OF DECEASED (Type or Print) <b>Jacob C. Froeder</b>		2. DATE OF DEATH <b>10-9-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> D. STREET ADDRESS (If rural, give location) <b>4940 Eastern Ave., Baltimore, Md.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Feb. 26- 1877</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baker</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>74</b>
13. FATHER'S NAME <b>Phillip</b>		14. MOTHER'S MAIDEN NAME <b>Susanna Kalfus</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>		16. SOCIAL SECURITY NO. <b>None</b>	
11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY?	
18. <b>491X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Bronchopneumonia</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <b>Bronchopneumonia</b> DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b>	
19A. DATE OF OPERATION <b>10-13-51</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-7-</b> , 19 <b>32</b> to <b>10-9-</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-9-</b> , 19 <b>51</b> and that death occurred at <b>5.30 Pm.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>C. S. Clozen</b> M. D.		23B. ADDRESS <b>4940 Eastern Ave., Baltimore, Md.</b>	
23C. DATE SIGNED <b>10-11-51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-13-51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>St. Peter's</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 13 1951</b>		REGISTRAR'S SIGNATURE <b>William H. Williams</b>	
25. FUNERAL DIRECTOR <b>Edward H. Hurland</b>		ADDRESS <b>2503 Edmondson Curs</b>	

MEDICAL CERTIFICATION

500 44

107

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

January 1, 1900

TO THE SECRETARY

OF THE DEPARTMENT OF AGRICULTURE

WASHINGTON, D. C.

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TO THE SECRETARY

OF THE DEPARTMENT OF AGRICULTURE

WASHINGTON, D. C.

<div style="display: flex; justify-content: space-between;"> <span>620</span> <span>BALTIMORE CITY HEALTH DEPARTMENT</span> <span>51 8785</span> </div>	
<div style="display: flex; justify-content: space-between;"> <span>51 8785</span> <span>CERTIFICATE OF DEATH</span> <span>Registered No. 51 8785</span> </div>	
BIRTH NO. <i>Non Resident</i>	
1. NAME OF DECEASED (Type or Print) <i>PATSY MORRIS</i>	
2. DATE OF DEATH <i>OCT. 12, 1951</i>	
3. PLACE OF DEATH: <i>Baltimore, Md.</i>	
4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) <i>Md. Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Danvers Md.</i>	
7. STREET ADDRESS (If rural, give location) <i>Danvers, Md. 5300</i>	
8. LENGTH OF STAY IN BALTIMORE <i>Life 3 Mos. Days</i>	
9. SEX <i>F</i>	
10. COLOR OR RACE <i>W</i>	
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Infant</i>	
12. DATE OF BIRTH <i>8-11-1948</i>	
13. AGE (In years last birthday) <i>3</i>	
14. BIRTHPLACE (State or foreign country) <i>DANIELS, MD</i>	
15. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
16. FATHER'S NAME <i>B. H. MANUS</i>	
17. MOTHER'S MAIDEN NAME <i>Fairster Morris</i>	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>	
19. SOCIAL SECURITY NO.	
20. INFORMANT ADDRESS	
21. CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Bronchial Pneumonia</i>	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>ASCARIASIS</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
22. DATE OF OPERATION <i>0</i>	
23. MAJOR FINDINGS OF OPERATION	
24. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
28. TIME (Month) (Day) (Year) (Hour) OF INJURY	
29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
30. HOW DID INJURY OCCUR?	
31. I hereby certify that I attended the deceased from <i>SEP 11, 1951</i> to <i>SEP 12, 1951</i> , that I last saw the deceased alive on <i>SEP 12, 1951</i> and that death occurred at <i>3:00</i> m., from the causes and on the date stated above.	
32. SIGNATURE <i>M. E. Matthews</i>	
33. ADDRESS <i>Univ Hosp.</i>	
34. DATE SIGNED <i>SEP 12, 1951</i>	
35. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	
36. DATE <i>10-15-51</i>	
37. NAME OF CEMETERY OR CREMATORY <i>GOOD SHEPHERD</i>	
38. LOCATION (City, town, or county) (State) <i>ELLICOTT CITY MD</i>	
39. DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 13 1951</i>	
40. REGISTRAR'S SIGNATURE <i>John Williams, M.D.</i>	
41. FUNERAL DIRECTOR ADDRESS <i>F. C. HIGHMOUTH, ELLICOTT CITY MD.</i>	



MD.

8-11-1983

DM, 2431449

10-11-81 1000 SHEPHERD ELLIOTT CITY MD  
ELLIMBOTHOM, ELLIOTT CITY  
MD.

452  
51 8786BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8786

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

5. SEX

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Metastatic Carcinoma, general

10 mo.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Carcinoma - Right Kidney  
DUE TO (Nephrectomy 9/13/50)

12 mo.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from Mar. 28, 1951, to Oct. 11, 1951, that I last saw the  
deceased alive on Oct. 10, 1951, and that death occurred at 8:20 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

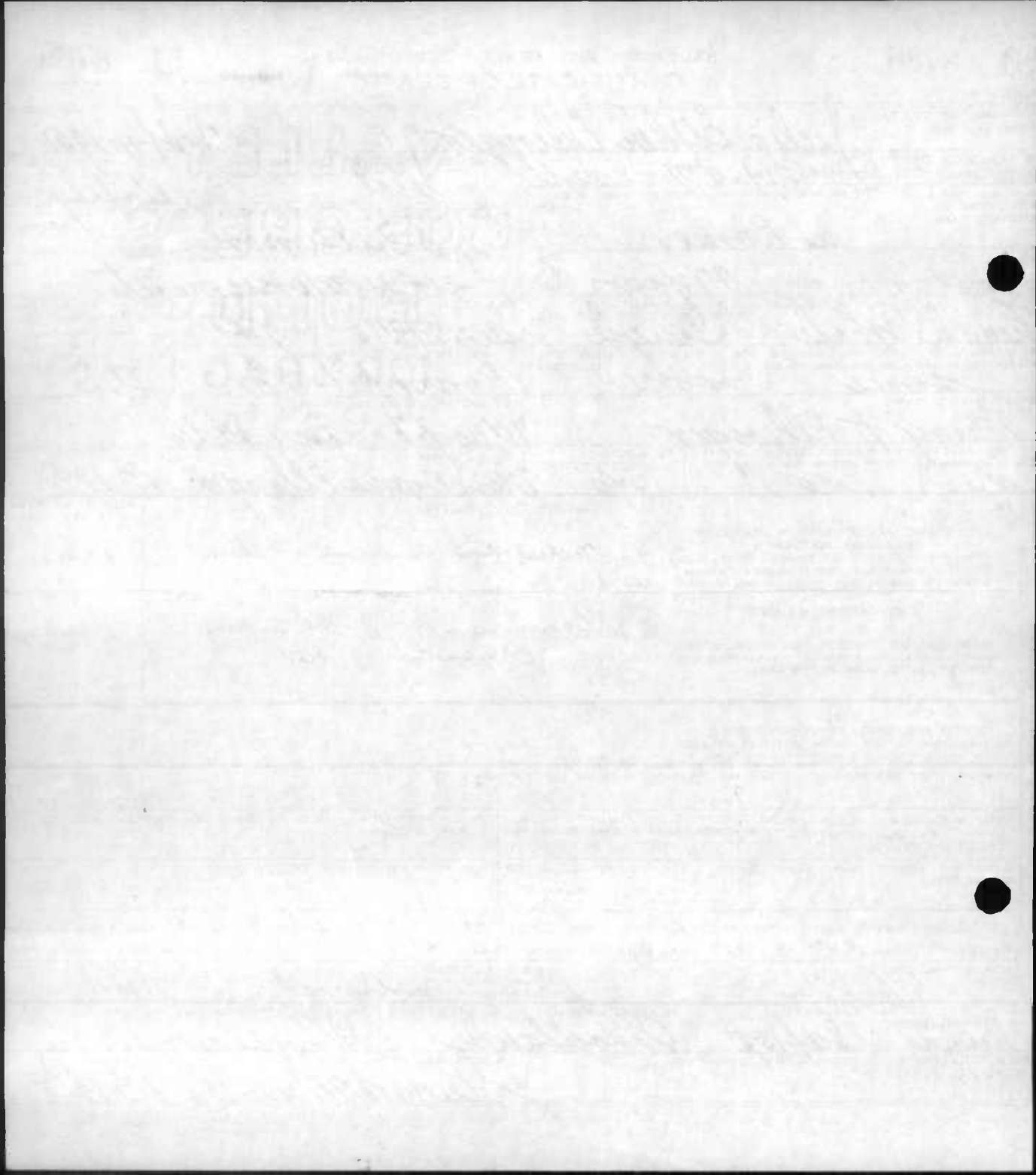
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

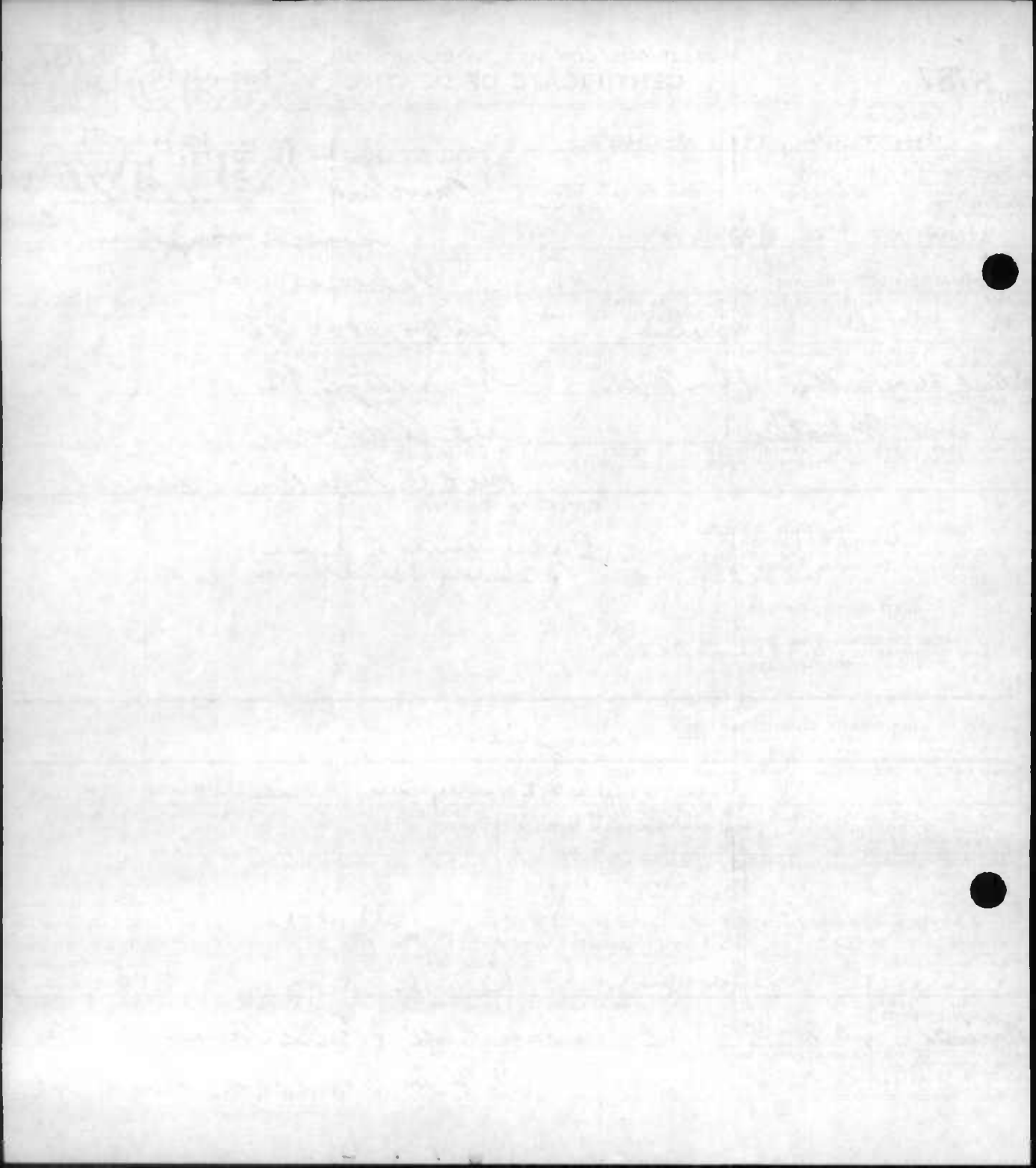
25. FUNERAL DIRECTOR

ADDRESS

OCT 13 1951



234		BALTIMORE CITY HEALTH DEPARTMENT		51 8787	
8787		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH			
WHISTLER, MR. ELMER		10-12-51			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE		B. COUNTY	
UNIV. OF MD. HOSPITAL		Maryland		Anne Arundel	
C. LENGTH OF STAY IN BALTIMORE		C. CITY OR TOWN		(If outside corporate limits, write RURAL and give township)	
Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)			
		Oakcrest Ave		6637	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
M		W		Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
Retired Flour Miller		Flour Mill		9-27-1894	
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)		9. AGE (In years last birthday)	
David H. Whistler		Hermitage Va		56	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY?	
				U. S.	
18. 155TX		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Carcinoma of liver			
DUE TO		Primary Hepatoma			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
		Congestive Failure			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
2		Liver Studded w/ malignancy - necrotic areas		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-3 1951, to 10-12 1951, that I last saw the deceased alive on 10-12 1951, and that death occurred at 11:45 P. M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Charles R. Mansberger		Univ. Hosp.		10-12	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		10-15-51		Mt. Memorial Park	
24D. LOCATION (City, town, or county) (State)		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county) (State)	
Falls Church Va		Falls Church		Va	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
OCT 13 1951		Huntington Williams		Dr. H. B. Donaldson	
				Tandem Md	
VS 150		555 43		46 F	



525  
1 8788BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8788

BIRTH NO. 51-21970		1. NAME OF DECEASED (Type or Print) <i>Lynthia J. JENKINS</i>		2. DATE OF DEATH 10.12.51	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Baltimore</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>md.</i> <b>13-06</b>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>722 West 34th street</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>child</i>	8. DATE OF BIRTH <i>9.23.51</i>	9. AGE (In years last birthday) <i>19 days</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Clifton R. Jenkins</i>		14. MOTHER'S MAIDEN NAME <i>Patricia Kreiner</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Clifton R. Jenkins Jr.</i> ADDRESS <i>722 W. 34th Street</i>	
18. <i>751X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Spina Lipida</i>		CAUSE OF DEATH (A) <i>Spina Lipida</i> DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9.23.51</i> to <i>10.12.51</i> , that I last saw the deceased alive on <i>10.12.51</i> , 19 <i>51</i> , and that death occurred at <i>11:40</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Anthony C. Verone</i>		23B. ADDRESS <i>Maryland General Hospital</i>		23C. DATE SIGNED <i>10.12.51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 13-1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Co. Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 13 1951</i>		24F. REGISTRAR'S SIGNATURE <i>Wm. J. Williams</i>	
24G. FUNERAL DIRECTOR <i>Burgee Funeral Home</i>		24H. ADDRESS <i>3631 Falls Road</i>		24I. SIGNATURE <i>Horace F. Burgee</i>	

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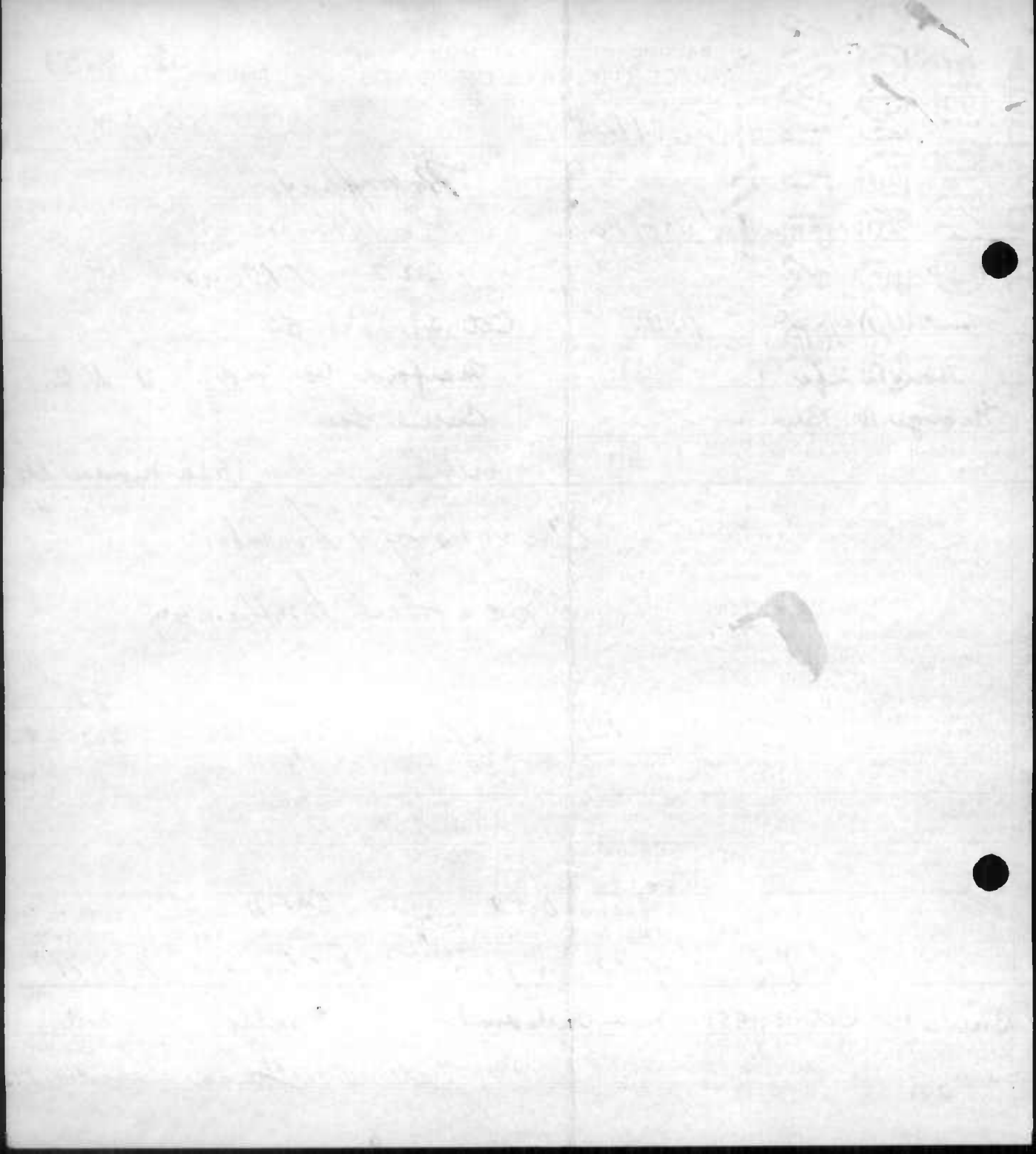


400  
1 8789BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8789

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Ettah Quille</i>		2. DATE OF DEATH <i>10/11/51</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY			
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bovident Hospital</i>		c. CITY OR TOWN <i>Baltimore</i> If outside corporate limits, write RURAL and give township			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) <i>1622 N. Monroe St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>DIV.</i>	8. DATE OF BIRTH <i>Oct. 21, 1896</i>	9. AGE (In years last birthday) <i>52</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Harford Co. Md.</i>	
13. FATHER'S NAME <i>George W. Brown.</i>		14. MOTHER'S MAIDEN NAME <i>Carrie Lee.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Allen Quille. 1622 Monroe St.</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO (B) <i>Myocardial Insufficiency</i> DUE TO (C) <i>Pulmonary Infection, Congestive Failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2-3 months</i>	
19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct. 8</i> , 19 <i>51</i> , to <i>Oct 11</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Oct 11</i> , 19 <i>51</i> , and that death occurred at <i>10</i> <sup><i>55</i></sup> <i>a.</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Gilbert L. Partridge</i> M.O.		23b. ADDRESS <i>722 N. Fulton Ave</i>		23c. DATE SIGNED <i>10/12/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Oct. 15, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	
24d. LOCATION (City, town, or county) (State) <i>Balts. Md.</i>		25. FUNERAL DIRECTOR <i>Mrs. Katie B. Williams</i>		ADDRESS <i>322 N. 94a</i>	

MEDICAL CERTIFICATION  
DATE RECEIVED BY LOCAL REGISTRAR  
131251



**CERTIFICATE CORRECTED**  
BALTIMORE CITY HEALTH DEPARTMENT  
**CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

51 8790

BIRTH NO. 51-14397

1. NAME OF DECEASED (Type or Print) <b>RANDOLPH RINGOLD</b>		2. DATE OF DEATH <b>October 11, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Franklin Square Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>925 W. Franklin Street</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>July 25, 1951</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>3</b> If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Ralph Ringgold</b>		14. MOTHER'S MAIDEN NAME <b>Bernice C. Ringgold</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>Bernice C. Ringgold</b>		ADDRESS <b>925 W. Franklin St.</b>	

18. **492X**

**CAUSE OF DEATH**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Interstitial pneumonia**

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_

DUE TO

(C) \_\_\_\_\_

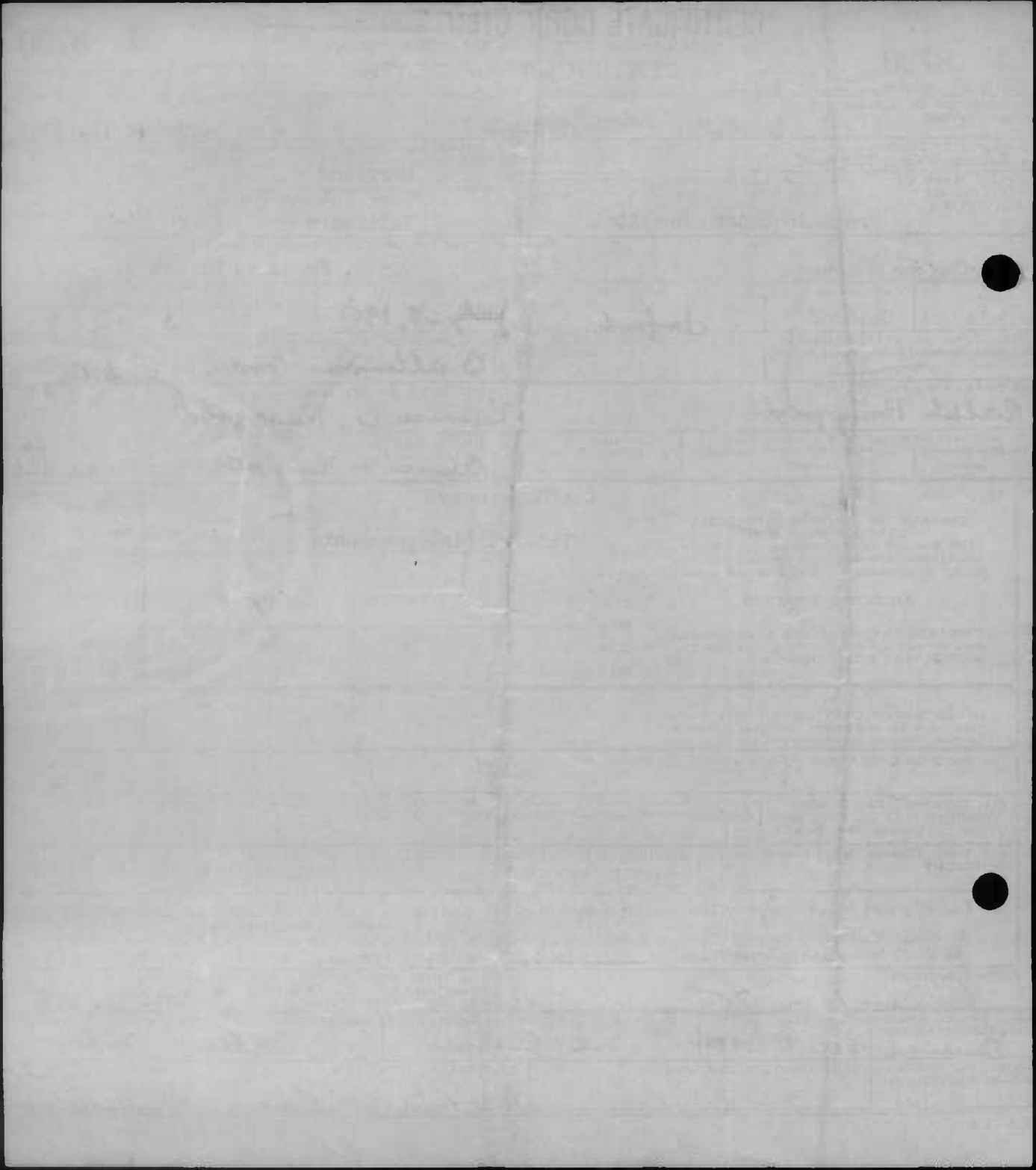
II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>William Wood</b>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Oct. 11, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct. 13, 1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn</b>	24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 13 1951</b>		REGISTRAR'S SIGNATURE <b>for Williams</b>		25. FUNERAL DIRECTOR <b>Mrs. Kate R. Williams</b>	
				ADDRESS <b>322A. Schwedler St.</b>	



520  
51 8791

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8791  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>ELIZABETH HAYNES</b>			2. DATE OF DEATH <b>October 11, 1951.</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>739 S. Ponca St.</b>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>Life</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>739 S. Ponca St.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 30, 1895</b>	9. AGE (In years last birthday) <b>56</b>	H Under 1 Year Months: Days H Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13. FATHER'S NAME <b>John Getz</b>		
14. MOTHER'S MAIDEN NAME <b>Jennie Weininger</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		
16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT ADDRESS <b>John J. Getz 739 S. Ponca St.</b>		

18. <b>170X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> <b>Metastasis of Carcinoma of Left Breast</b> (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>7/17</b>
I ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>7/17/49</b>		19B. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Left Breast</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7/17</b> 19 <b>49</b> to <b>10/11</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10/11</b> , 19 <b>51</b> , and that death occurred at <b>6:17 A.M.</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>J. B. Stevens</b>		23B. ADDRESS <b>3400 E. Luman Ave</b>		23C. DATE SIGNED <b>10/12/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-15-51.</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>4430 Belair Rd. Balto., Md.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Charles S. Zeller 901 S. Conkling St.</b>			

DATE RECEIVED BY LOCAL REGISTRAR  
OCT 13 1951  
VS 150

W L. B. Stevens  
Erdman Ave.

400  
51 8792BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8792

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Florence LILLY

2. DATE  
OF  
DEATH

10.12.51.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Sinai Hospital of Balto

C. Length of stay in Baltimore

11 yrs

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Widowed10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

House

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Alfred Graves

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL  
SECURITY NO.

229-03-9294

17. INFORMANT

ADDRESS

James Lilly 624 W 36th St

18. 420.0

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Myocardial infarction

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary thrombosis.

(C)

Artherosclerotic heart disease

INTERVAL BETWEEN  
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic cholecystitis with cholelithiasis

19A. DATE OF OPERATION  
9/24/1951

19B. MAJOR FINDINGS OF OPERATION

Chronically inflamed gall-bladder.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

M. WHILE AT ☐ WORK  
N. NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 9, 1951, to Oct. 12, 1951, that I last saw the  
deceased alive on Oct. 12, 1951, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Chelms

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

10/12/1951.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct 13-51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

North Garden Va

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

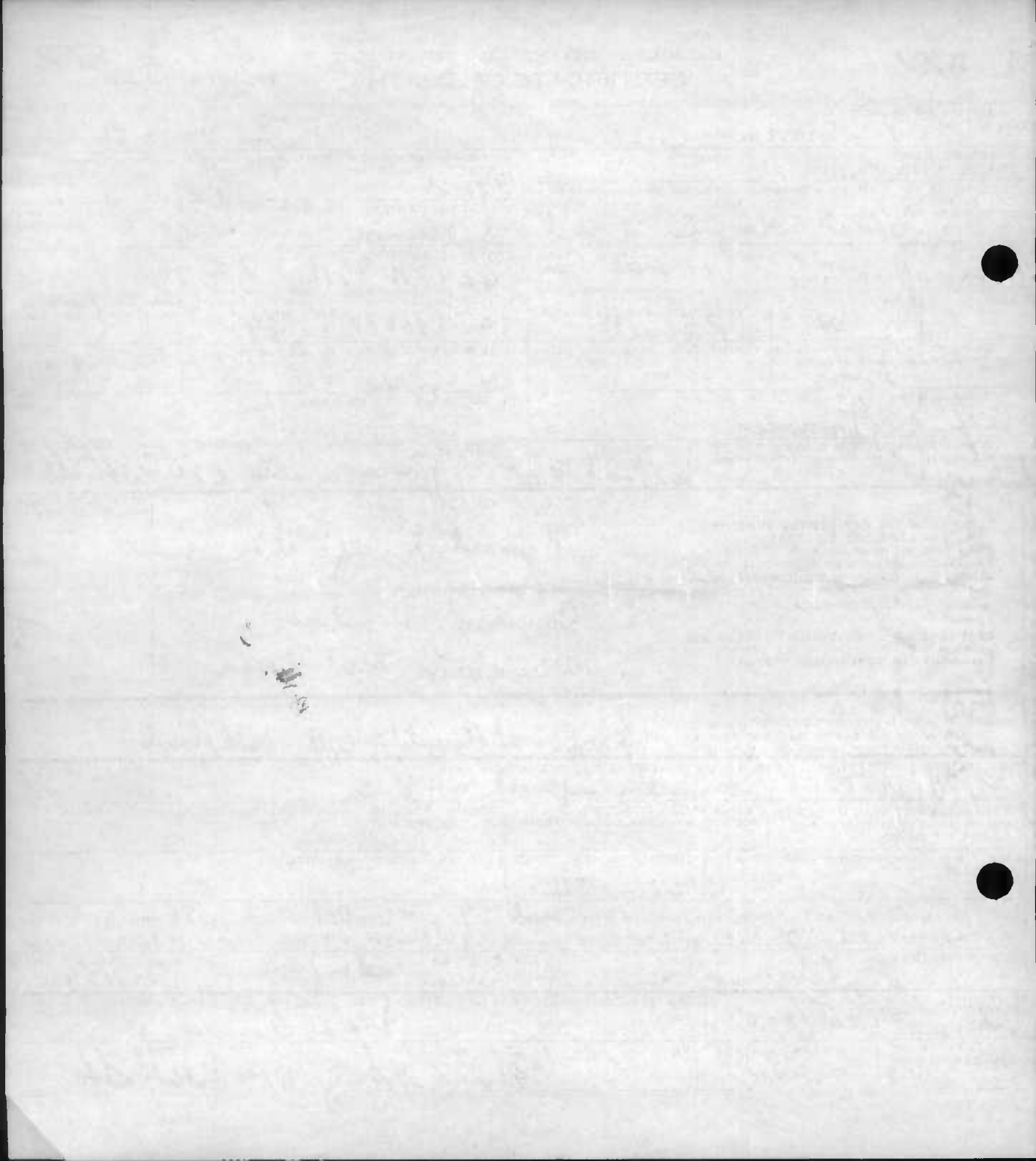
Washington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Frank H. Seitz 814 W 36th St





455  
1 8793

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8793  
Registered No.

BIRTH NO. 51-00297

1. NAME OF DECEASED (Type or Print) <b>ROBERT FLEMING</b>		2. DATE OF DEATH <b>October 11, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Johns Hopkins Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>426 N. CAREY STREET</b>		19-01	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>		8. DATE OF BIRTH <b>1/3/51</b>	
9. AGE (in years last birthday)		10. Under 1 Year Months: Days	
11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>		12. CITIZEN OF WHAT COUNTRY? <b>✓</b>	
13. FATHER'S NAME <b>Lerory Fleming</b>		14. MOTHER'S MAIDEN NAME <b>Agnes Williams</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>*</b>		16. SOCIAL SECURITY NO. <b>*</b>	
17. INFORMANT <b>Agnes Flemming (M)</b>		ADDRESS <b>426 N. Carey St.</b>	

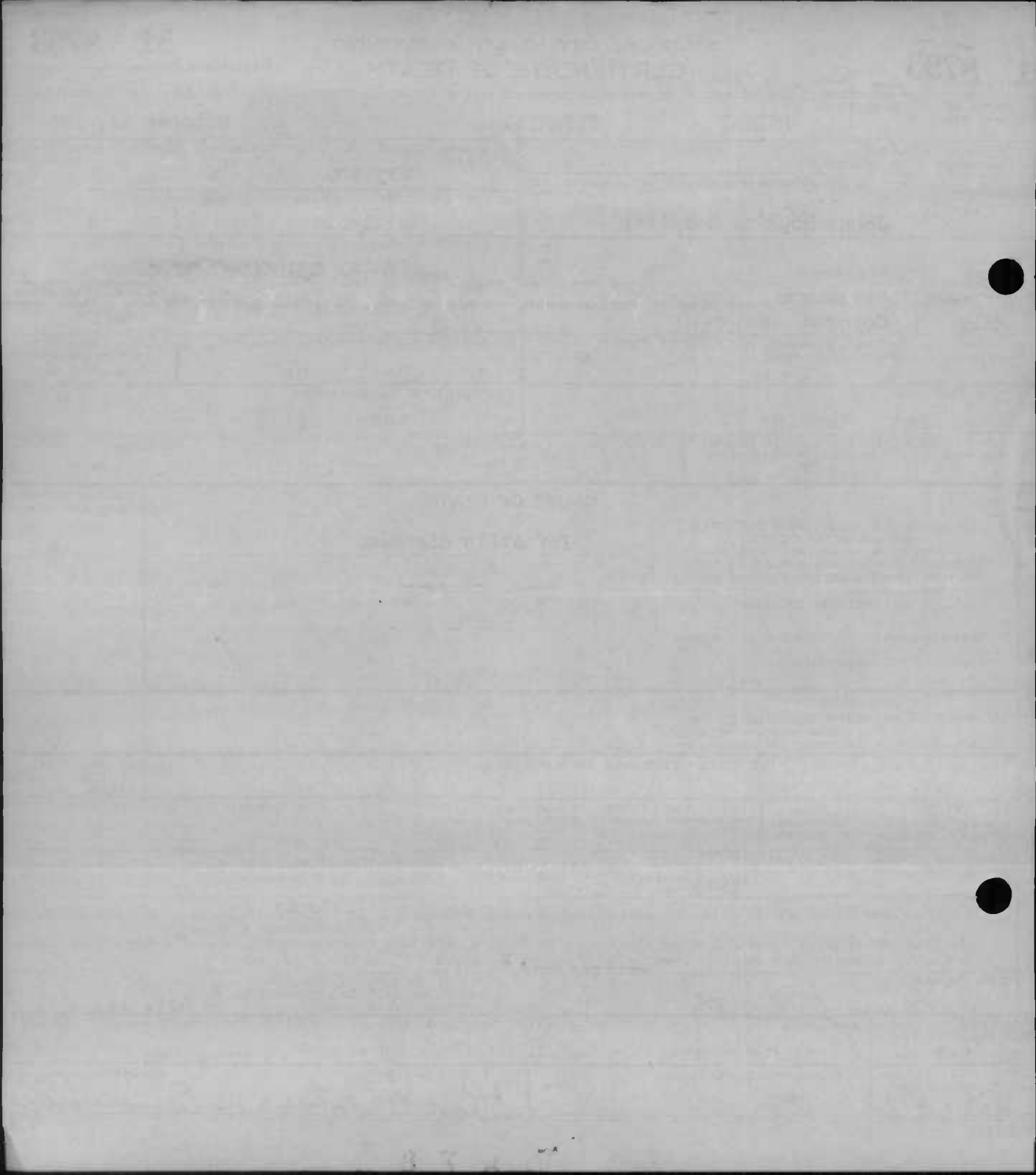
18. <b>571.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Infantile diarrhea</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES (B) DUE TO		
C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>William J. Lovett</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Oct. 11, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/13/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Nt. Calvary Cem</b>	
24D. LOCATION (City, town, or county) (State) <b>A.A. County, Md.</b>					

DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 13 1951</b>		REGISTRAR'S SIGNATURE <b>Chas J. Poppe</b>		25. FUNERAL DIRECTOR <b>512 Carrollton</b>	
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460  
8794

## MARYLAND STATE DEPARTMENT OF HEALTH

51 8794

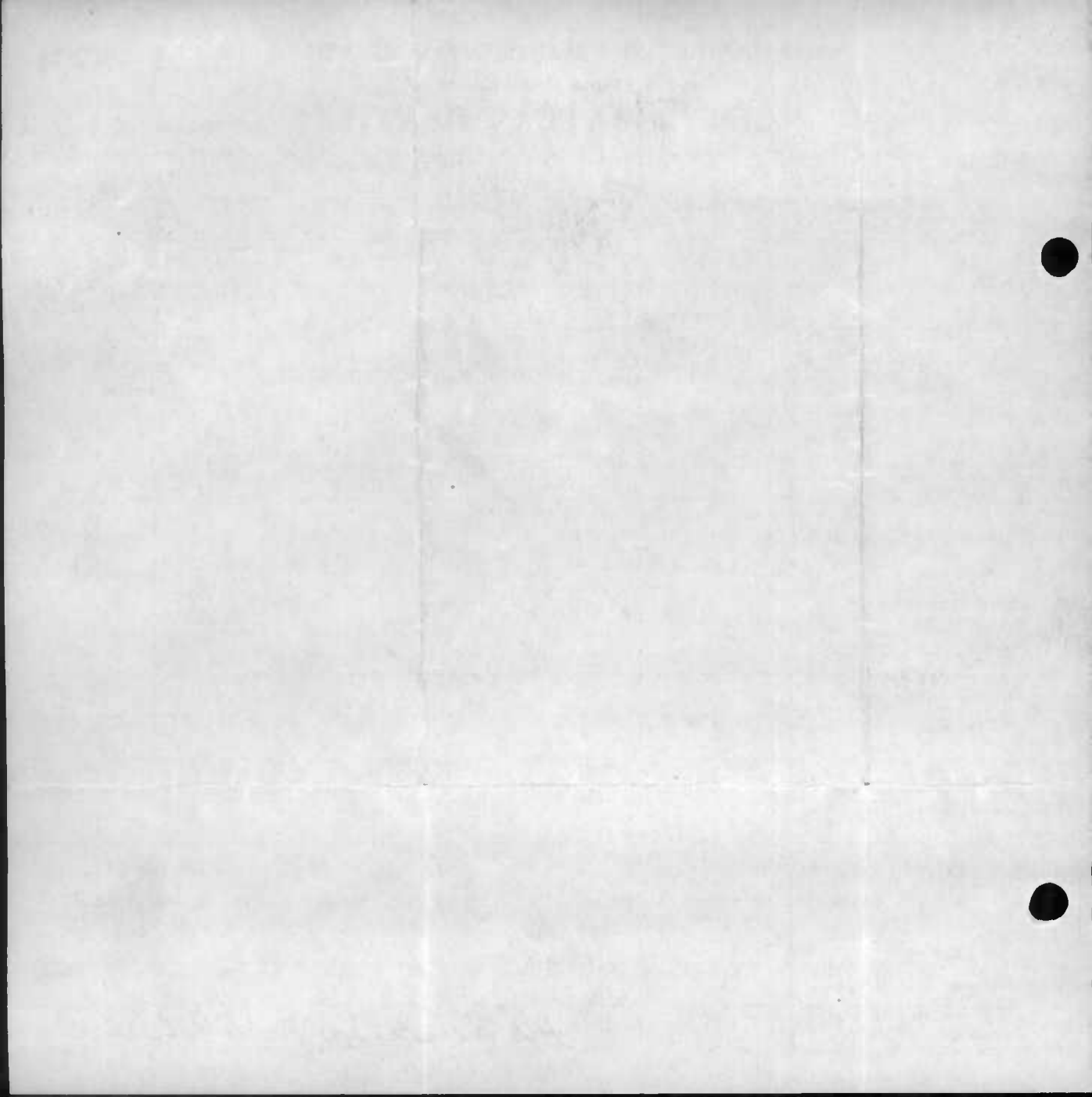
2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

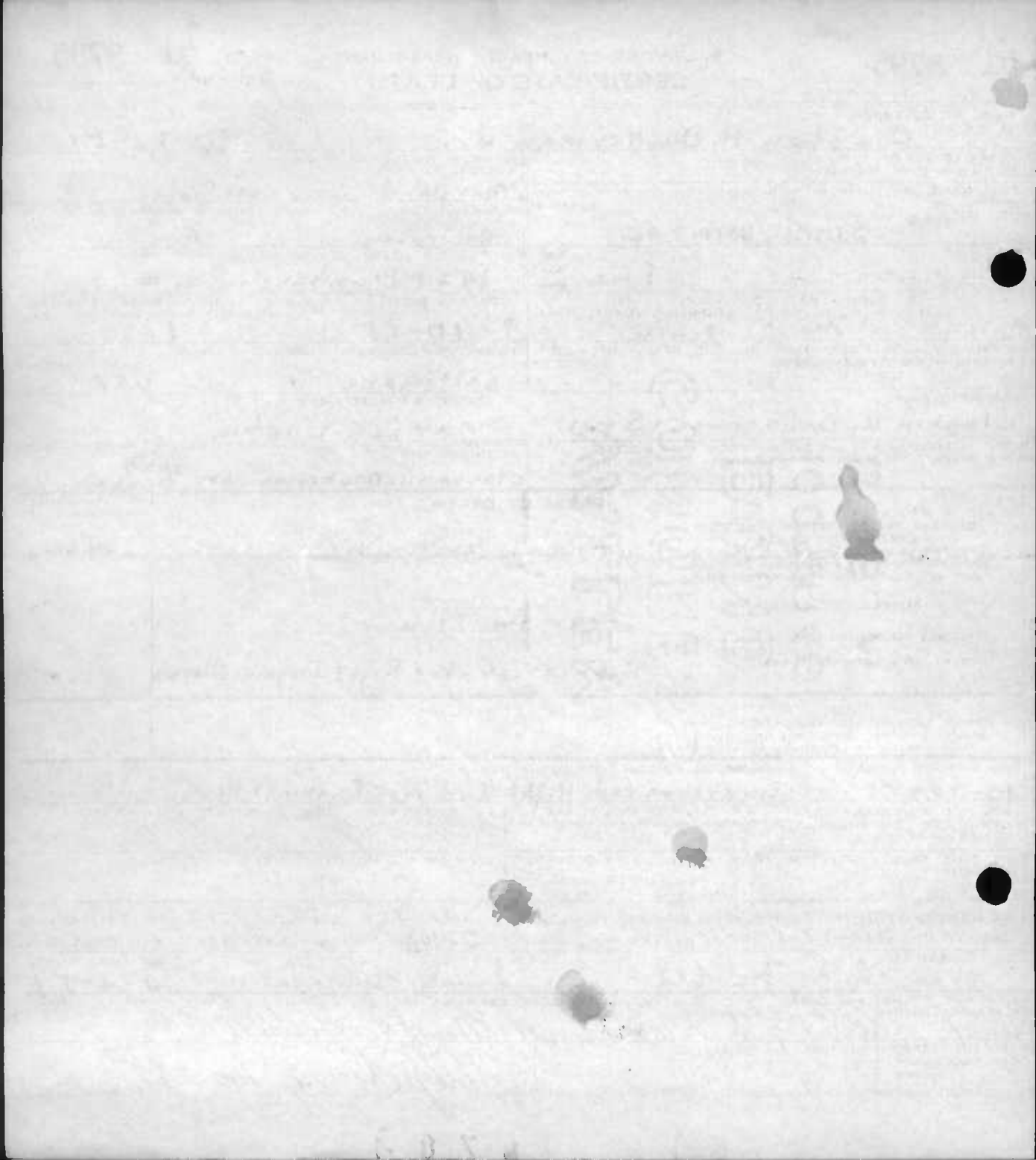
Reg. Dist. No. ....

1. PLACE OF DEATH - COUNTY Baltimore MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Catonsville		CITY (If outside corporate limits, write RURAL and give nearest town) Catonsville, Baltimore, Md.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hoods Nursing Home		STREET ADDRESS (If rural, give location) 5313 Edmondson Ave 28-04	
NAME OF DECEASED (First) Mary (Middle) Katherine (Last) Miller		4. DATE OF DEATH (Month) October (Day) 12 (Year) 19 51	
SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH
9. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
FATHER'S NAME John Miller		14. MOTHER'S MAIDEN NAME Margaret Sperzel	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Charles W. Wunner 32 Ridge Rd, Catonsville Md
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 1 yr
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) <i>Cerebral Arterio Sclerosis</i> Antecedent cause(s) (b) <i>Generalized Arterio Sclerosis</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>a a-s. c v. a</i>			
OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. DATE OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
1. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
2. I hereby certify that I attended the deceased from <i>June 18, 1951</i> , to <i>Oct 12, 1951</i> , that I last saw the deceased on <i>Oct 11, 1951</i> , and that death occurred at <i>4:15 P</i> m., from the causes and on the date stated above.			
SIGNATURE <i>James H. Wunner</i>		DATE SIGNED <i>10/13</i>	
BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF <i>Oct. 15, 1951</i>	
NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>		LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>	
DATE REC'D BY LOCAL REG.		21. FUNERAL DIRECTOR <i>H. W. Wunner</i> ADDRESS <i>805 N. Calvert St</i>	

937



BALTIMORE CITY HEALTH DEPARTMENT				51 8795	
CERTIFICATE OF DEATH				Registered No. 51 8795	
1. NAME OF DECEASED (Type or Print) Clayton H. Dackerman Jr.				2. DATE OF DEATH 10-13-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3427 Dunhaven Rd. #22				5. LENGTH OF STAY IN BALTIMORE 1 mo.	
5. SEX Male		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH 9-10-51		9. AGE (In years last birthday) 1 3		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Clayton H. Dackerman Sr.	
14. MOTHER'S MAIDEN NAME Marie Costa		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Clayton H. Dackerman Sr.		ADDRESS 3427 Dunhaven Rd.		18. CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Fecal Peritonitis		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
ANTECEDENT CAUSES		(B) Tear in Ileum			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Incarcerated Right Inguinal Hernia			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 10-10-51		19B. MAJOR FINDINGS OF OPERATION Incarcerated Right Indirect Inguinal Hernia		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-10-1951 to 10-13-1951, that I last saw the deceased alive on 10-13-51, 1951, and that death occurred at 2:40 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Harold S. Farfel		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 10-13-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/13/51		24C. NAME OF CEMETERY OR CREMATORY Monks Cemetery	
24D. LOCATION (City, town, or county) Baltimore		24E. LOCATION (State) Maryland		25. FUNERAL DIRECTOR Philip Newmyer	
25. ADDRESS 3427 Dunhaven Rd.		25. ADDRESS 3427 Dunhaven Rd.		25. ADDRESS 3427 Dunhaven Rd.	





520

51 8796

BIRTH NO.

51 8796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81

8796

Registered No.

81 8796

1. NAME OF DECEASED  
(Type or Print)

Thomas, Katie (Katie Thomas)

2. DATE OF DEATH

10-9-57

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

Balt. MD

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

MD.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write R.F.D. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1902 Retreatsh.

Length of stay in Baltimore

35 yrs

Yrs.

Mos.

Days

5. SEX

Fe

6. COLOR OR RACE

col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3/11/1895

9. AGE (In years last birthday)

57

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Private Family

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas Francis Harrison

14. MOTHER'S MAIDEN NAME

Lucy Biggs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Agnes Josephine Shatt-1641 Westwood Ave.

18. 434.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Chr. Congestive Heart Failure

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES

NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/29, 1957, to 10-9, 1957, that I last saw the deceased alive on 10-9, 1957, and that death occurred at 9:20 p. m., from the causes and on the date stated above.

23A. SIGNATURE

D. G. Goniondyk

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

10/13/57

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 13, 1957

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Cem

24D. LOCATION (City, town, or county) (State)

Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 13 1957

REGISTRAR'S SIGNATURE

Wm. J. Williams, Jr.

25. FUNERAL DIRECTOR

Holland Funeral Home-1631 Dryden

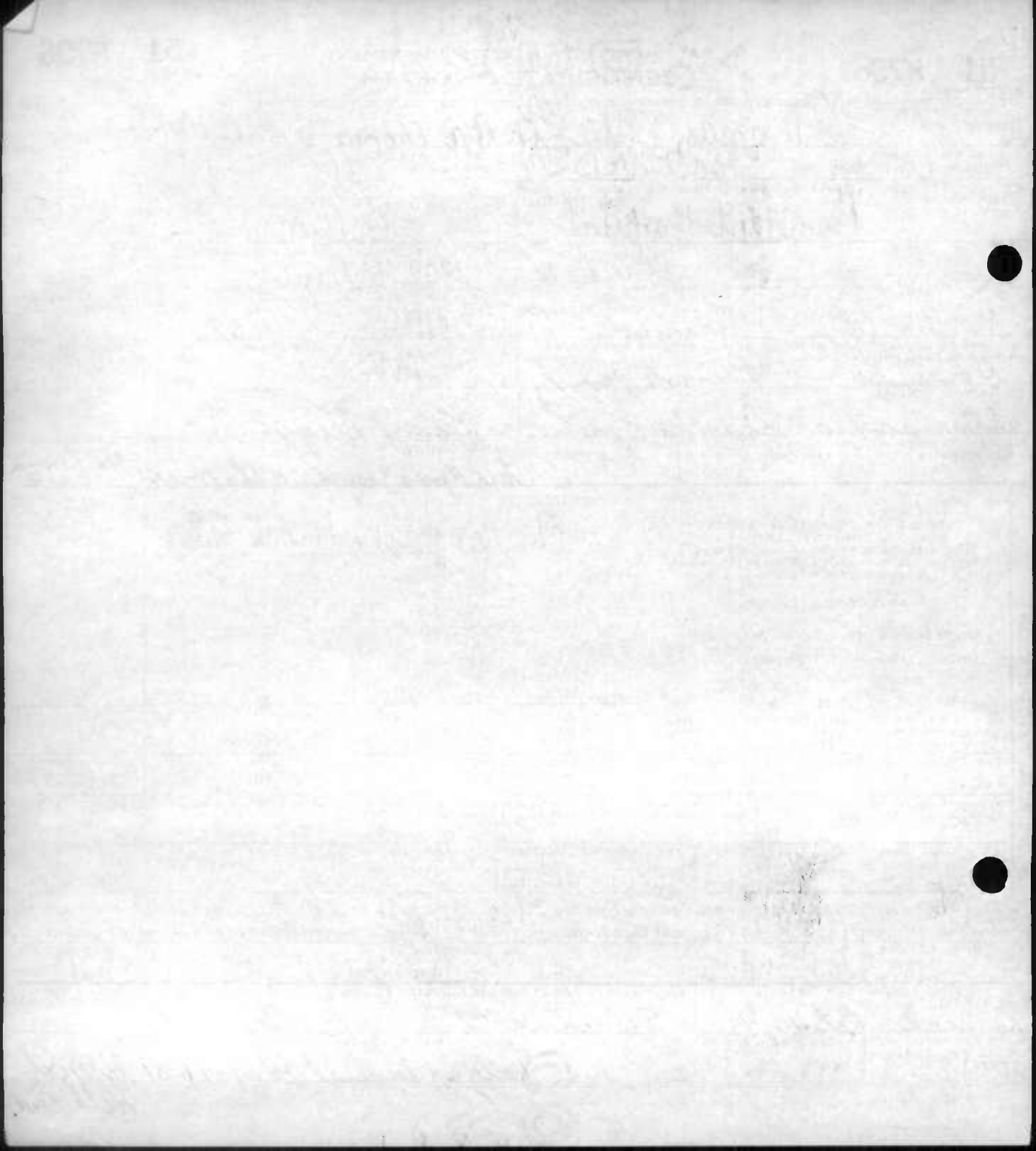
ADDRESS

93E Hill Ave.

VS 150

7208A

MEDICAL CERTIFICATION



523  
1 8797BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8797  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JOHN (JACK) W. TUNSTALL</b>			2. DATE OF DEATH <b>Oct. 13, 1951</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>North Carolina</b> b. COUNTY <b>V-20</b>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>3715 Elkador Road</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>McLeansville</b>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location)		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 17, 1895</b>	9. AGE (In years last birthday) <b>56</b>	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman, retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Gas. &amp; Elec. Co</b>		
11. BIRTHPLACE (State or foreign country) <b>North Carolina</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>James R. Tunstall</b>			14. MOTHER'S MAIDEN NAME <b>Mary Knight</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>WW1 Yes</b>			16. SOCIAL SECURITY NO. <b>WW1</b>		
17. INFORMANT <b>Josephine R. Tunstall</b>			ADDRESS <b>3715 Elkador Road.</b>		

18. <b>602X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Coronary Occlusion</b> DUE TO <b>Chronic nephritis</b> DUE TO <b>Renal calculus</b> DUE TO	CAUSE OF DEATH (A) _____ (B) _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH <b>15 min</b> <b>10 yrs</b> <b>33 yrs</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>1915</b>	19B. MAJOR FINDINGS OF OPERATION <b>nephrectomy (left)</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>Oct. 10</b> , 19 <b>51</b> , to <b>Oct. 13</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Oct. 12</b> , 19 <b>51</b> , and that death occurred at <b>3:45A</b> m., from the causes and on the date stated above.		
23A. SIGNATURE <b>Lloyd E. Saylor</b>	23B. ADDRESS <b>3902 Greenmount</b>	23C. DATE SIGNED <b>Oct. 13, '51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24B. DATE <b>10/13/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Green Hill</b>
24D. LOCATION (City, town, or county) (State) <b>Greensboro, N.C.</b>	25. FUNERAL DIRECTOR <b>W. H. Cook</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 13 1951</b>	REGISTRAR'S SIGNATURE <b>W. H. Cook</b>	ADDRESS <b>1219 St Paul St</b>



51 8798

240

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8798

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

YETTA SIEGEL

2. DATE

OF

DEATH October 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

2643 Loyola Northway

Yrs.  
Mos.  
Days

Length of stay in Baltimore

47 years

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Female

White

Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

13. FATHER'S NAME

Jacob Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

15-13

D. STREET ADDRESS (If rural, give location)

2643 Loyola Northway

8. DATE OF BIRTH

1884

9. AGE (In years last birthday)

67

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Tille ?

17. INFORMANT

ADDRESS

Mr. Maurice T. Siegel 3230 Yosemite Ave.

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Gastric Carcinoma

6 wks.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1951, to Oct 13, 1951, that I last saw the deceased alive on Oct 12, 1951, and that death occurred at 5 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10/14/51.

Anshei Emunah Cong.

Baltimore

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

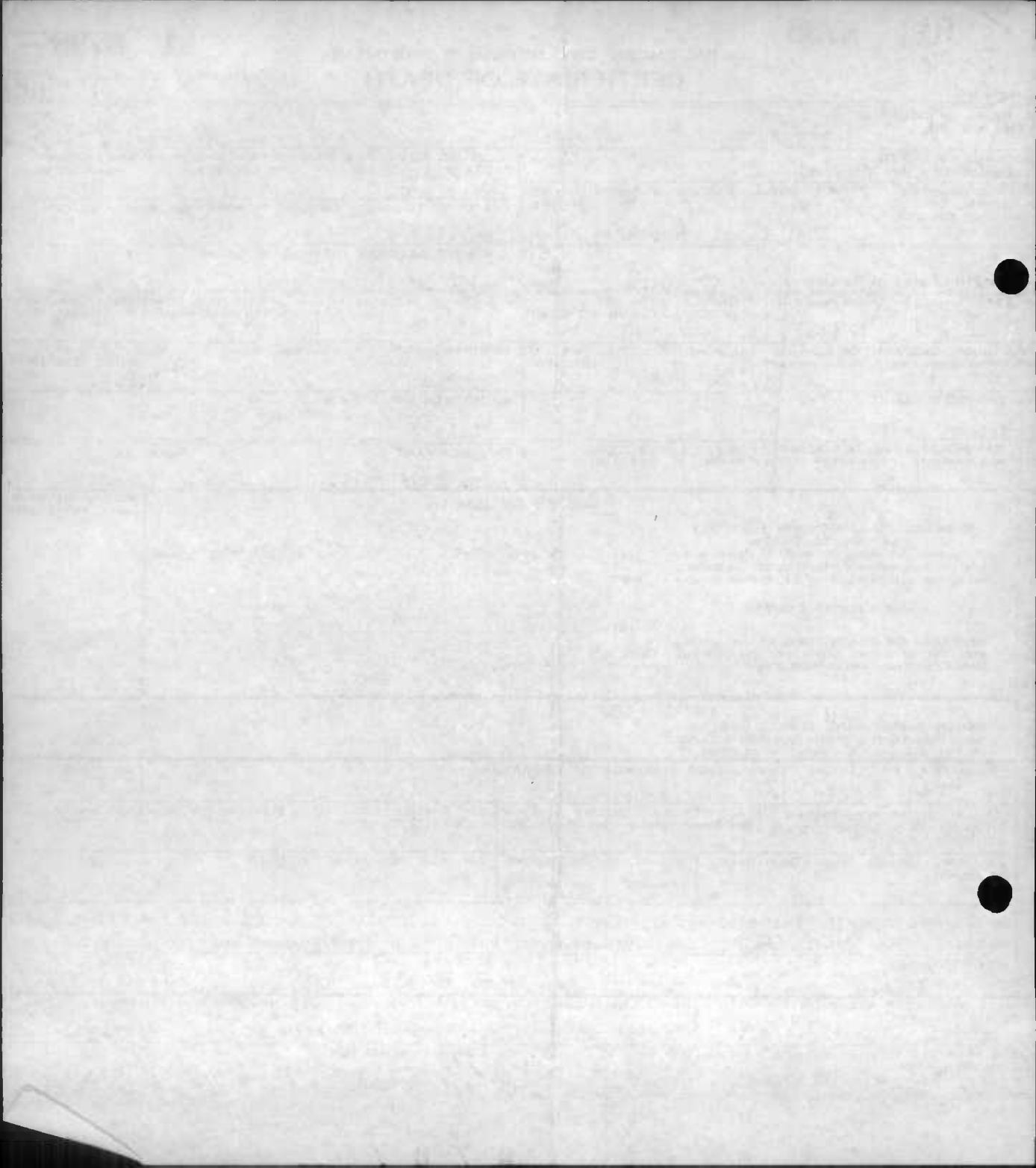
OCT 14 1951

Wm. H. Williams

Sol. Green &amp; Bros. 11247 North Ave.

VS 150

46 B





51 8799

B.C.# 51-20096

51 8799

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-20096

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland  
B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years, last birthday) 11 Under 1 Year Months: Days 34 11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

3 weeks

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct. 1, 1951, to Oct. 4, 1951, that I last saw the deceased alive on Oct 4, 1951, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 14 1951

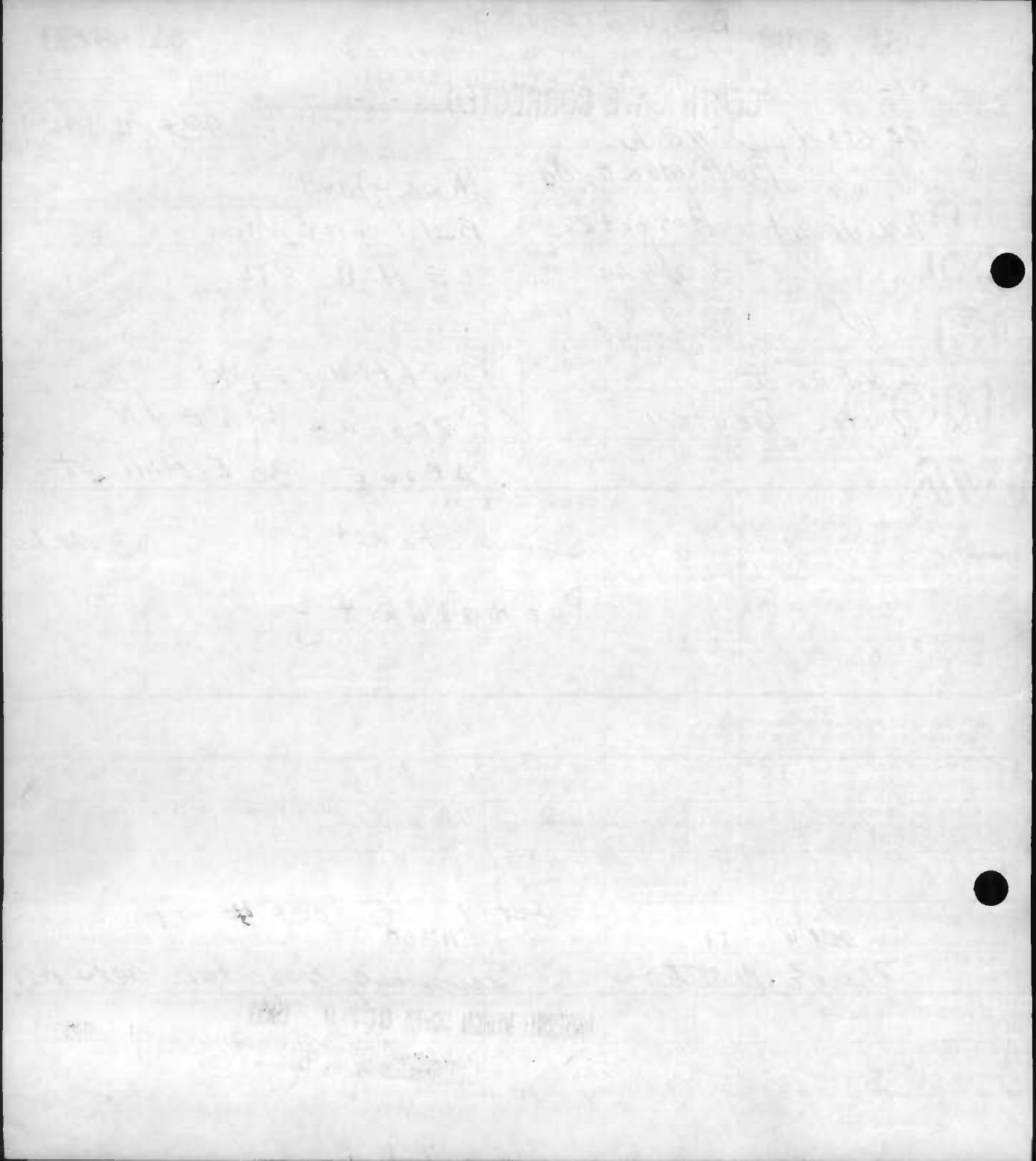
Huntington Williams, Jr.

Commissioner of Health

VS 150

159





51 8800

51 8800

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mrs. Blanche Bohannon</b>			2. DATE OF DEATH <b>10-13-51</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived, if instituted before admission) A. STATE <b>1434 Harvard St. N.W. Washington</b> B. COUNTY <b>D. C. V-48</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bon Secours Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Washington, D. C.</b>		
6. LENGTH OF STAY IN BALTIMORE <b>69-yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>1434 Harvard St., Nw. Wash, D.C.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>6-23-82</b>		9. AGE (In years last birthday) <b>69</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>
13. FATHER'S NAME <b>William Tomlinson</b>			14. MOTHER'S MAIDEN NAME <b>Kate Ailman</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Mrs. Edna Mundy</b>			ADDRESS <b>330 E. 26th St. Balto, Md</b>		

18. <b>190X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acidosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Several Years</b>
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Carcinomatosis due to Malignant Melanoma</b>		
(B) DUE TO		
(C) <b>Diabetes Mellitus</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>9-13-51</b>		19B. MAJOR FINDINGS OF OPERATION <b>Carcinomatosis</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-9-51</b> to <b>10-13-51</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-13</b> , 19 <b>51</b> , and that death occurred at <b>6:40 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Arthur J. Hoge</i> M. D.		23B. ADDRESS <b>Bon Secours Hosp</b>		23C. DATE SIGNED <b>10-13-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct 16/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Congressional</b>	
24D. LOCATION (City, town, or county) (State) <b>Wash. D. C.</b>		25. FUNERAL DIRECTOR <b>Trustin E. Sonoran-3818 Roland Ave.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 14 1951</b>		REGISTRAR'S SIGNATURE <i>William M. ...</i>			

1000

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8801

CERTIFICATE CORRECTED 10-26-51

51

8801

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HARRY GILMAN

2. DATE  
OF  
DEATH

10-13-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Mercy Hosp.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION  
(If not in hospital or institution, give street address or location)

Mercy Hosp.

Yrs.  
Mos.  
Days

Length of stay in Baltimore

48

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, (MARRIED),  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Dec 5 1881

9. AGE (in years  
last birthday)

70 74

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Sheet Metal worker

10B. KIND OF BUSINESS OR  
INDUSTRY

B &amp; O R.R.

13. FATHER'S NAME

Joseph Gilman

11. BIRTHPLACE (State or foreign country)

Rusia

12. CITIZEN OF  
WHAT COUNTRY?15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Ethel Gilman - Home

18. 422.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral Thrombosis

DUE TO

6 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic CVD

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7, 1951, to 10-13, 1951, that I last saw the  
deceased alive on 10-13, 1951, and that death occurred at 11:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

Anthony J. Di Giovanni

Mercy Hosp

10-13-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial 10-14-51

Rosedale

Balto

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 14 1951

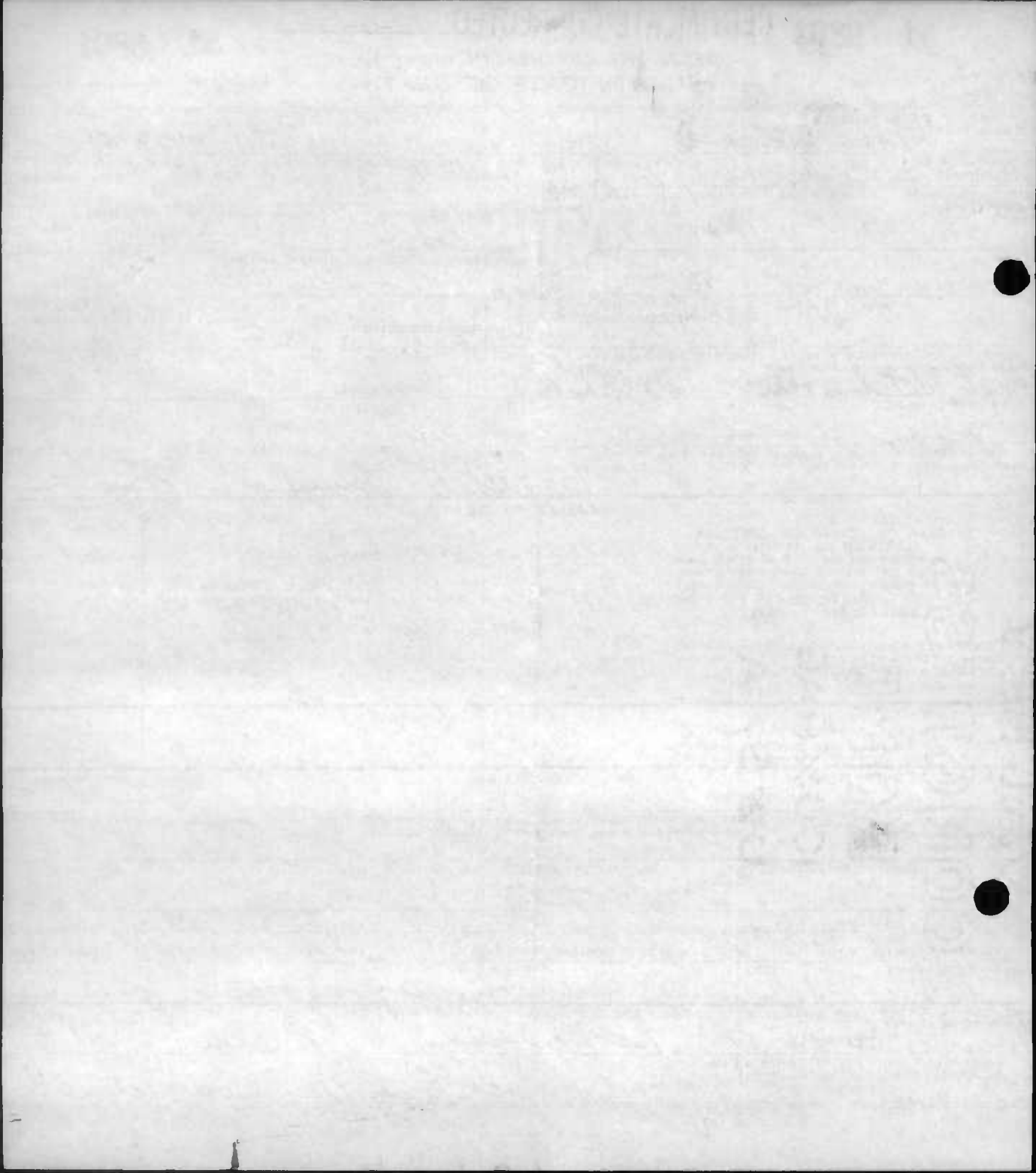
Huntington Williams, M.D.

Jack Lewis Inc 2100 Gutter Rd

VS 150

59450

937



51 8802

51 8802

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

ROSE SOLOMON

2. DATE  
OF  
DEATH

10-12-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Levindale

C. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Jacob

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hospital records

18. 592x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) \_\_\_\_\_

Chronic nephritis

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_

DUE TO

(C) \_\_\_\_\_

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-25 51, to 10-12 51, that I last saw the deceased alive on 10-12 51, and that death occurred at 5:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel

M. D.

23B. ADDRESS

Levindale Home

23C. DATE SIGNED

10-12-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-14-51

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Balto MD

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 14 1951

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Gatan Rd

10-11-21

2000000

3202

year

2 11 22 252

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51 8803

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Mary Smallwood</i>			2. DATE OF DEATH <i>October 12, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY _____		
6. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <i>2544 Francis St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-03</i>		
C. Length of stay in Baltimore <i>35 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>2544 Francis St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>August 20, 1876</i>	9. AGE (In years last birthday) <i>75</i>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cook</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Richmond Va.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Henry Williams</i>			14. MOTHER'S MAIDEN NAME <i>Julia Scott</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Lotie Jackson - 2544 Francis St</i>		

18. <i>450.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Congestive Heart Failure</i>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis</i>		(B) DUE TO	
(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from <i>10-1</i> , 19 <i>51</i> , to <i>10-11</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>10-11</i> , 19 <i>51</i> , and that death occurred at <i>9:30 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Raymond Amussen</i>		23B. ADDRESS <i>2309 David Hill Ave</i>	23C. DATE SIGNED <i>10-12-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>Oct 14/51</i>	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) <i>Atlantic City N Jersey</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 14 1951</i>	REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Mrs. R. H. G. Elliott &amp; Daughter 1129 N. Caroline St. 93D</i>	

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VALLEY  
CONGREGATIONAL  
CHURCH



STATE OF NEW YORK  
DEPARTMENT OF HEALTH

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51 8805

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

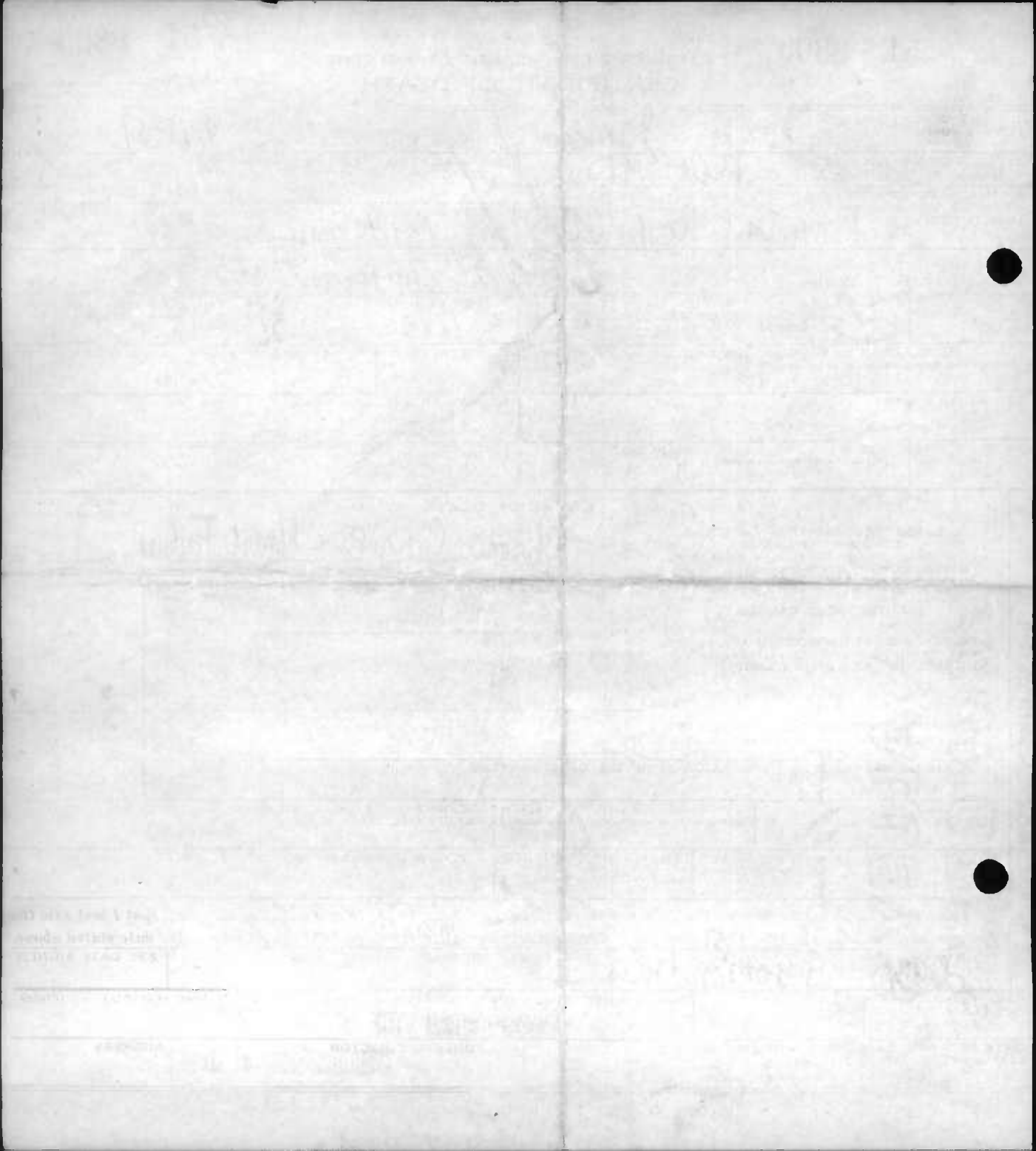
51 8805

Registered No.

BIRTH NO.			2. DATE OF DEATH <b>9.15.57</b>		
1. NAME OF DECEASED (Type or Print) <b>Jones, James</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balt. MD</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 14-03</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>			D. STREET ADDRESS (If rural, give location) <b>1912 619 Brunt St.</b>		
C. Length of stay in Baltimore			Yrs. Mos. Days		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>B</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>	8. DATE OF BIRTH <b>1880</b>		9. AGE (In years last birthday) <b>77</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Unknown</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

MEDICAL CERTIFICATION

18. <b>434.1</b>		CAUSE OF DEATH <b>Chronic Congestive Heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>9.2</b> 19 <b>57</b> , to <b>9.15</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>9.15</b> , 19 <b>57</b> , and that death occurred at <b>10:35 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>G. Goniondakis</b>		23B. ADDRESS		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 14 1957</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, Jr.</b>		25. FUNERAL DIRECTOR <b>Commissioner of Health</b>	





51 8806

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8806

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>HERMAN A. BARTHOLOMAEI</b>			2. DATE OF DEATH <b>OCT. 12, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>MD</b> B. COUNTY <b>7-01</b>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>3750 OLD YORK RD.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTO.</b>		
c. Length of stay in Baltimore <b>15 Yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>3750 OLD YORK RD.</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>11-26-1891</b>	9. AGE (In years, last birthday) <b>59</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STAFF ASSISTANT</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>BENDIX RADIO</b>	11. BIRTHPLACE (State or foreign country) <b>TEXAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. FATHER'S NAME <b>ALBERT S. BARTHOLOMAEI</b>			14. MOTHER'S MAIDEN NAME <b>ANNIE E. RAWLINGS</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <b>025-01-6548</b>	17. INFORMANT ADDRESS <b>NETHA BARTHOLOMAEI SAME</b>		

18. **42011**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

DUE TO

5 yrs -

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>11/15</b> to <b>10/15</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10/8</b> , 19 <b>51</b> , and that death occurred at <b>1:55 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Homer L. Wareley</b>		23B. ADDRESS <b>2900 Clamshell Blvd</b>		23C. DATE SIGNED <b>10/18/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>10-15-1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>LOUDON PARK</b>	
				24D. LOCATION (City, town, or county) (State) <b>BALTO. MD.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 14 1951</b>		REGISTRAR'S SIGNATURE <b>OCT 14 1951</b>		25. FUNERAL DIRECTOR ADDRESS <b>H.W. JENKINS &amp; SONS Co. 4905 YORK RD.</b>	



RECEIVED

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X Registered No. 51 8807

1. NAME OF DECEASED (Type or Print) <u>Gray Elden Snow</u>				2. DATE OF DEATH <u>10-13-51</u>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>Baltimore</u>			
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Baltimore Gen. Hosp</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore Rural</u>			
6. Length of stay in Baltimore <u>?</u>				D. STREET ADDRESS (If rural, give location) <u>1736 Brewster Rd</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. <del>SINGLE</del> MARRIED. WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 7 1916</u>		9. AGE (In years last birthday) <u>41</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>unemployed</u>		11. BIRTH PLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Ernest J. Snow</u>				14. MOTHER'S MAIDEN NAME <u>Margaret Galt</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>Yes, no or unknown</u>		16. SOCIAL SECURITY NO. <u>221-09-6791</u>		17. INFORMANT ADDRESS <u>Burns, 1736 Brewster Rd</u>			
18. <u>470.1</u> CAUSE OF DEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Coronary occlusion</u>							
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Pulmonary infarct on Lt</u> <u>Pleural effusion Lt</u>							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-3-1951</u> , 19 <u>51</u> , to <u>10-13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-13</u> , 19 <u>51</u> , and that death occurred at <u>11:05 pm.</u> , from the causes and on the date stated above.							
23A. SIGNATURE <u>Yung-ting Wong</u> M. D.				23B. ADDRESS <u>8. B. G. H.</u>		23C. DATE SIGNED <u>10-13-1951</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>10-16-51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Wilmington</u>		24D. LOCATION (City, town, or county) (State) <u>Wilmington Del.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 15 1951</u>		REGISTRAR'S SIGNATURE <u>Wilmington</u>		25. FUNERAL DIRECTOR <u>Albert J. M. Gray</u>		ADDRESS <u>Wilmington Del.</u>	

MEDICAL CERTIFICATION

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8808  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8808  
Registered No.

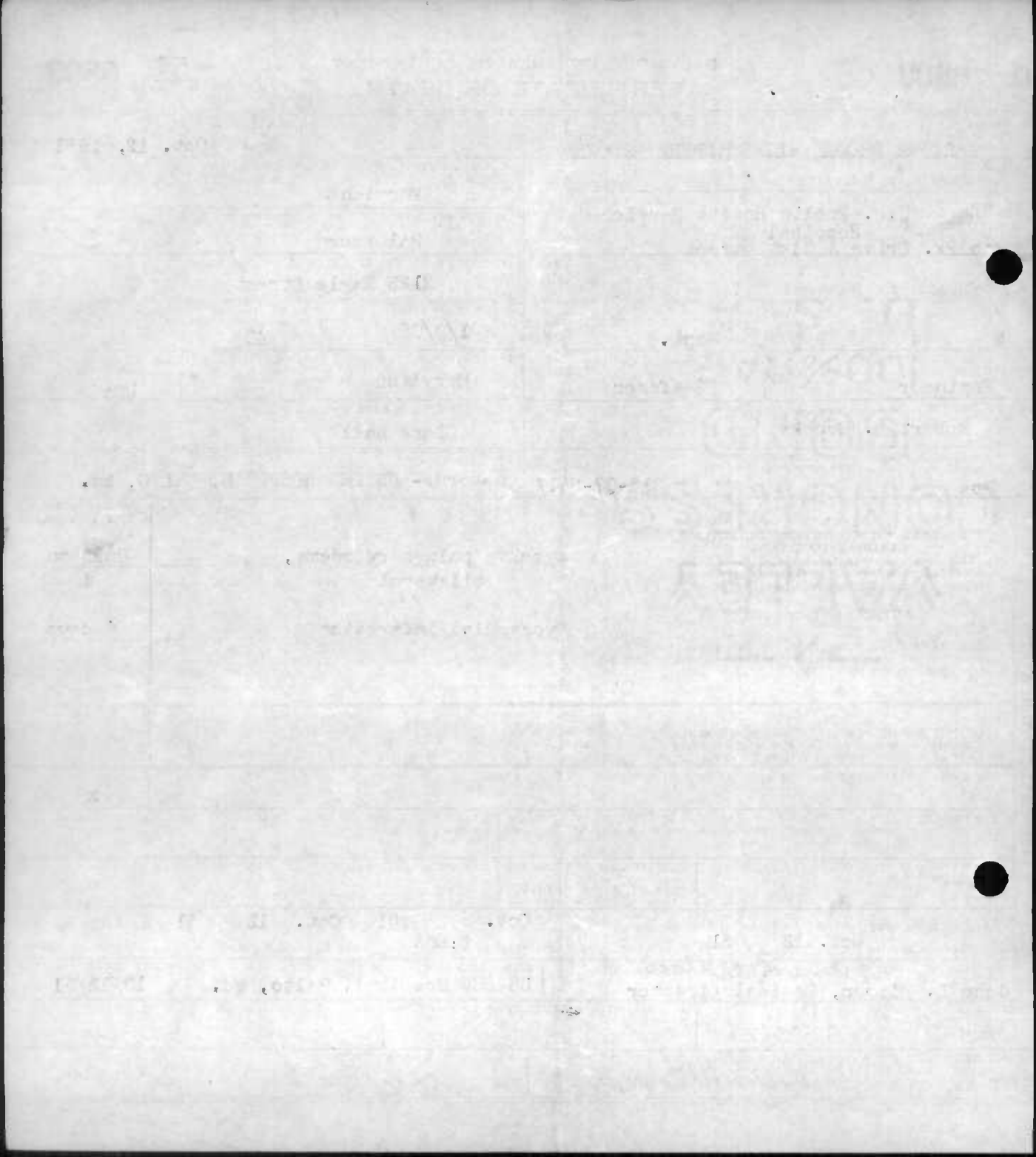
1. NAME OF DECEASED (Type or Print) <u>Margaret Ellen Carroll</u>			2. DATE OF DEATH <u>Oct. 12, 1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>Home</u> <u>Bar-Wil-Ba Convalescent</u>			C. CITY OR TOWN (If outside corporate limits, write full name of township) <u>Baltimore</u>		
5. LENGTH OF STAY IN BALTIMORE <u>80Yrs.</u>			D. STREET ADDRESS (If rural, give location) <u>1351 N. Stockton St.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug. 23, 1859</u>	9. AGE (in years last birthday) <u>91</u>	10. UNDER 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Private Family</u>	11. BIRTHPLACE (State or foreign country) <u>Frederick, Md.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Unknown</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Ethelda Young-1133 Riggs Ave.</u>		

18. <u>442x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cardio-Vascular Renal Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. <u>Arteriosclerosis</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>10/13/51</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10/1</u> , 19 <u>51</u> , to <u>10/13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10/12</u> , 19 <u>51</u> , and that death occurred at <u>4 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>R. J. Jackson</u>		23B. ADDRESS <u>600 N. Arlington</u>		23C. DATE SIGNED <u>10/15/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>10-13-1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 15 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. Williams</u>		25. FUNERAL DIRECTOR <u>Holland Funeral Home-1631 Druid Hill Ave.</u>	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. <b>51 8809</b>	
1. NAME OF DECEASED (Type or Print) <b>ARTHUR BROOKS ALIAS ALBERT BROOKS</b>				2. DATE OF DEATH <b>Oct. 12, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location) <b>U.S. Public Health Service Hospital</b> <b>Wyman Pk. Drive &amp; 31st Street</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>20-05</b>	
D. STREET ADDRESS (If rural, give location) <b>2123 Eagle Street</b>				Yrs. Mos. Days	
5. Length of stay in Baltimore ?				5. SEX <b>M</b> 6. COLOR OR RACE <b>W</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Sep.</b>				8. DATE OF BIRTH <b>1/9/09</b>	
9. AGE (In years last birthday) <b>42</b>				10. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Robert M. Brooks</b>				14. MOTHER'S MAIDEN NAME <b>Clara Ball</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>213-07-6917</b>	
17. INFORMANT ADDRESS <b>Records- US PHS HOSPITAL, BALTO, Md.</b>				18. <b>420-1</b> CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Massive pulmonary edema, bilateral</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Myocardial infarction</b>				<b>6 days</b>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>2</b>				19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <b>Oct. 8</b> , 19 <b>51</b> , to <b>Oct. 12</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Oct. 12</b> , 19 <b>51</b> , and that death occurred at <b>3:50A</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>John L. Wilson</b>				23B. ADDRESS <b>US PHS Hospital, Balto, Md.</b>	
23C. DATE SIGNED <b>10/12/51</b>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>				24B. DATE <b>10/15/51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cemetery</b>				24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>	
25. FUNERAL DIRECTOR ADDRESS <b>Wm. Cook, Inc. 1217 St. Paul Street</b>					





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 8810**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**JOSEPH W. KING**

2. DATE  
OF  
DEATH

**10-12-57**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**UNIVERSITY HOSP-**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

**MARYLAND-**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**BALTIMORE**

D. STREET ADDRESS (If rural, give location)

**EAST TOPPA RD-5300**

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**M-**

6. COLOR OR RACE

**W-**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**MARRIED**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**STEELWORKER-**

10B. KIND OF BUSINESS OR INDUSTRY

**Construction**

13. FATHER'S NAME

**THOMAS LEE-**

8. DATE OF BIRTH

**1906-**

9. AGE (in years last birthday)

**45**

11 Under 1 Year Months: Days 11 Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

**OKLA-**

12. CITIZEN OF WHAT COUNTRY?

**USA**

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

**UNKNOWN**

16. SOCIAL SECURITY NO.

17. INFORMANT

**WIFE**

ADDRESS

**SAME**

18. **330X I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **SUB-ARACHNOID HEMORRHAGE. 8 hrs**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **ANEURYSM- CIRCLE-OF-WILLIS-**

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

**FACTORY-**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ from the causes and on the date stated above.

23A. SIGNATURE

**Dr. J. H. Bowers Jr.**

23B. ADDRESS

**University Hosp**

23C. DATE SIGNED

**10-15-57**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**10/16/57**

24C. NAME OF CEMETERY OR CREMATORY

**Parkwood Cem.**

24D. LOCATION (City, town, or county) (State)

**Balto. Md.**

DATE RECEIVED BY LOCAL REGISTRAR

**OCT 15 1957**

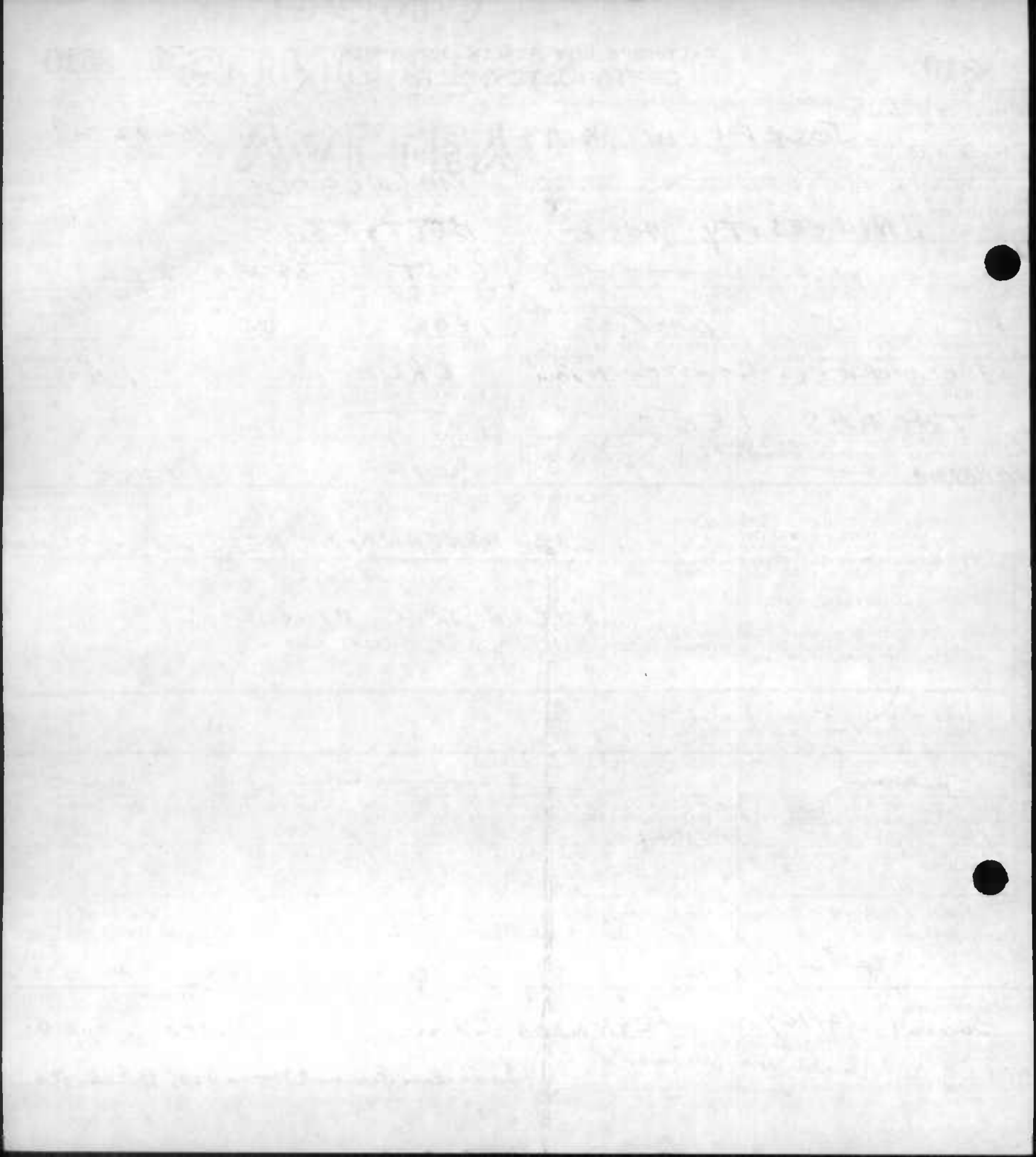
REGISTRAR'S SIGNATURE

**Washington Williams, M.D.**

25. FUNERAL DIRECTOR

**Lorraine Funeral Home 7401 Balmain Rd.**

ADDRESS



516  
8811BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8811

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>George W. Schanberger</b>		2. DATE OF DEATH <b>10/13/1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Balto</b> B. COUNTY <b>Md.</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bon Secours Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, Maryland</b>	
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>4013 Parkside Drive</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>2/2/1875</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	9. AGE (In years last birthday) <b>76</b>
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Henry M. Schanberger</b>		14. MOTHER'S MAIDEN NAME <b>Mary E. Debring</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Geo. W. Schanberger</b>		ADDRESS <b>4013 Parkside Dr</b>	
18. <b>331X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Cerebral-Vascular Accident</b> (A) ..... DUE TO <b>Arteriosclerosis</b> (B) ..... DUE TO (C) .....			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10-12</b> , 19 <b>51</b> , to <b>10-13</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-13</b> , 19 <b>51</b> , and that death occurred at <b>10 a.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>David Elgarte</b>		23B. ADDRESS <b>Bon Secours Hospital</b>	
23C. DATE SIGNED <b>10/13/51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/16/51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 15 1951</b>		REGISTRAR'S SIGNATURE <b>W. W. Meacham</b>	
25. FUNERAL DIRECTOR <b>W. W. Meacham</b>		ADDRESS <b>Don Secours Hospital</b>	

WALLACE  
CORP  
BOND

252  
51 8812

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8812  
Registered No. 97700

1. NAME OF DECEASED (Type or Print) <i>Buckmaster-James Jesse</i>		2. DATE OF DEATH <i>Oct. 11, 51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Franklin Sq. Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>2324 Herkimer St.</i>			
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>9/30/1868</i>	
9. AGE (In years, last birthday) <i>83</i>		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Lewellyn Buckmaster</i>		14. MOTHER'S MAIDEN NAME <i>Sally Dove UNKNOWN</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or ophoo) <i>No</i>		16. SOCIAL SECURITY NO. <i>?</i>	
17. INFORMANT <i>Mr. Paul Buckmaster, 2917 GEORGETOWN RD</i>		ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>156 I I</i> <i>Carcinoma of liver</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>II</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>9-15-51</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>9-15, 1951 to 10-11, 1951</i> , that I last saw the deceased alive on <i>10-11, 1951</i> , and that death occurred at <i>11:45 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>J. B. Chambers</i>		23B. ADDRESS <i>Franklin Square Bldg</i>	
23C. DATE SIGNED <i>10/12/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10-15-51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>LODGE PK. CEM</i>		24D. LOCATION (City, town, or county) (State) <i>BALTO MD</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 15 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. J. Tucker</i>	
25. FUNERAL DIRECTOR <i>Wm. J. Tucker</i>		ADDRESS <i>Long Ave Balto Md</i>	

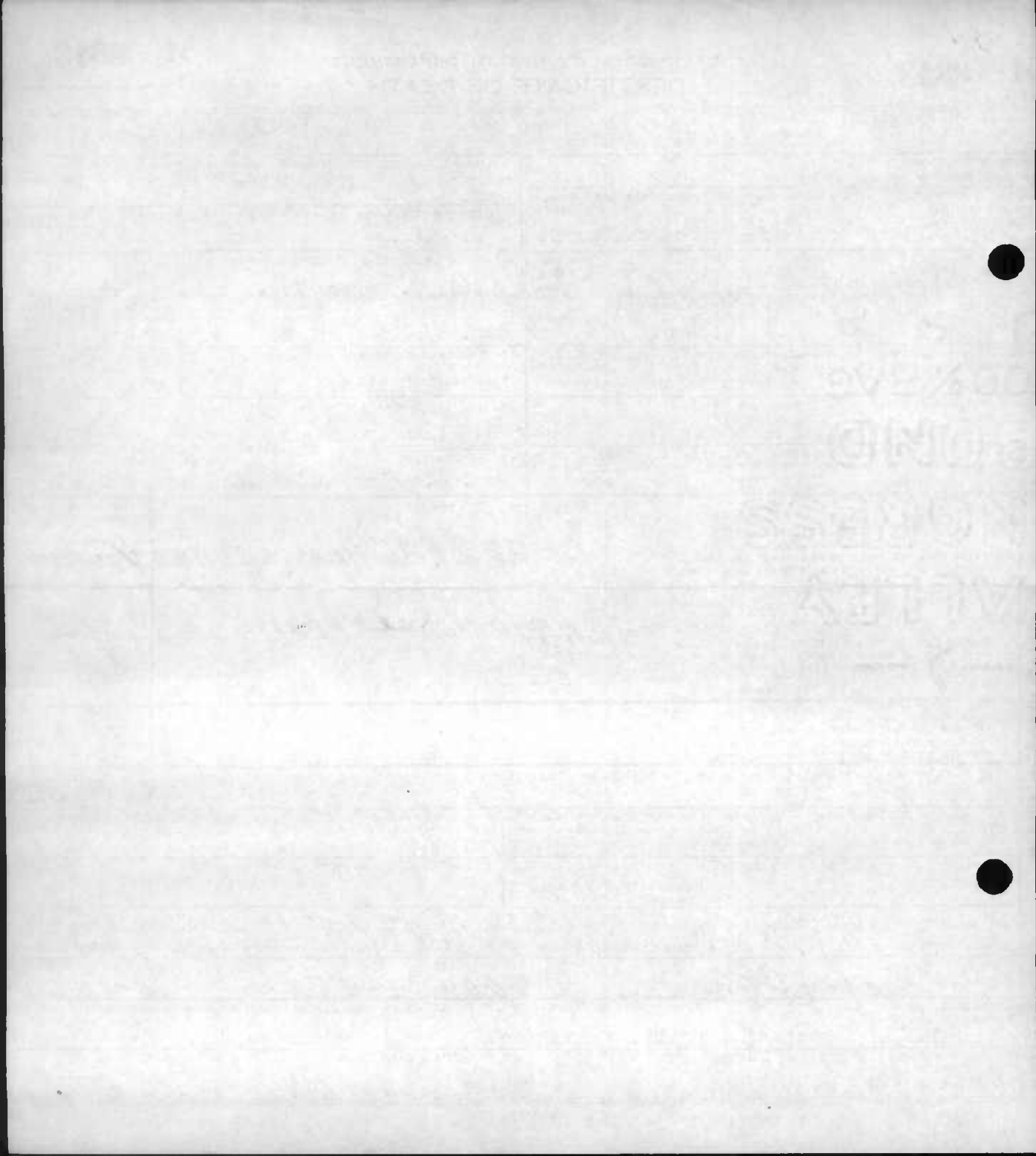
MEDICAL CERTIFICATION



400  
51 8813BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8813  
Registered No.

1. NAME OF DECEASED (Type or Print) KATE E. HILL		2. DATE OF DEATH Oct. 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Home for Aged- Methodist Church		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2211 W. Rogers Ave.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 6, 1868
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 83
11. BIRTHPLACE (State or foreign country) London, England		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward Reid		14. MOTHER'S MAIDEN NAME Ellen Lyons	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. J. Arley Robison		ADDRESS 524 Yarmouth Rd.	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) CEREBRAL HEMORRHAGE DUE TO (B) ARTERIOSCLEROSIS DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 48 hours 204 hr.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from MAY 15, 1951, to Oct 12, 1951, that I last saw the deceased alive on Oct 12, 1951, and that death occurred at 3:15P m., from the causes and on the date stated above.			
23A. SIGNATURE Arthur J. Jones		23B. ADDRESS 800 W 33rd St.	
23C. DATE SIGNED 10-13-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/15/51	
24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 15 1951		REGISTRAR'S SIGNATURE Wm. J. Tucker	
25. FUNERAL DIRECTOR Wm. J. Tucker		ADDRESS Sons Law Balto Md.	



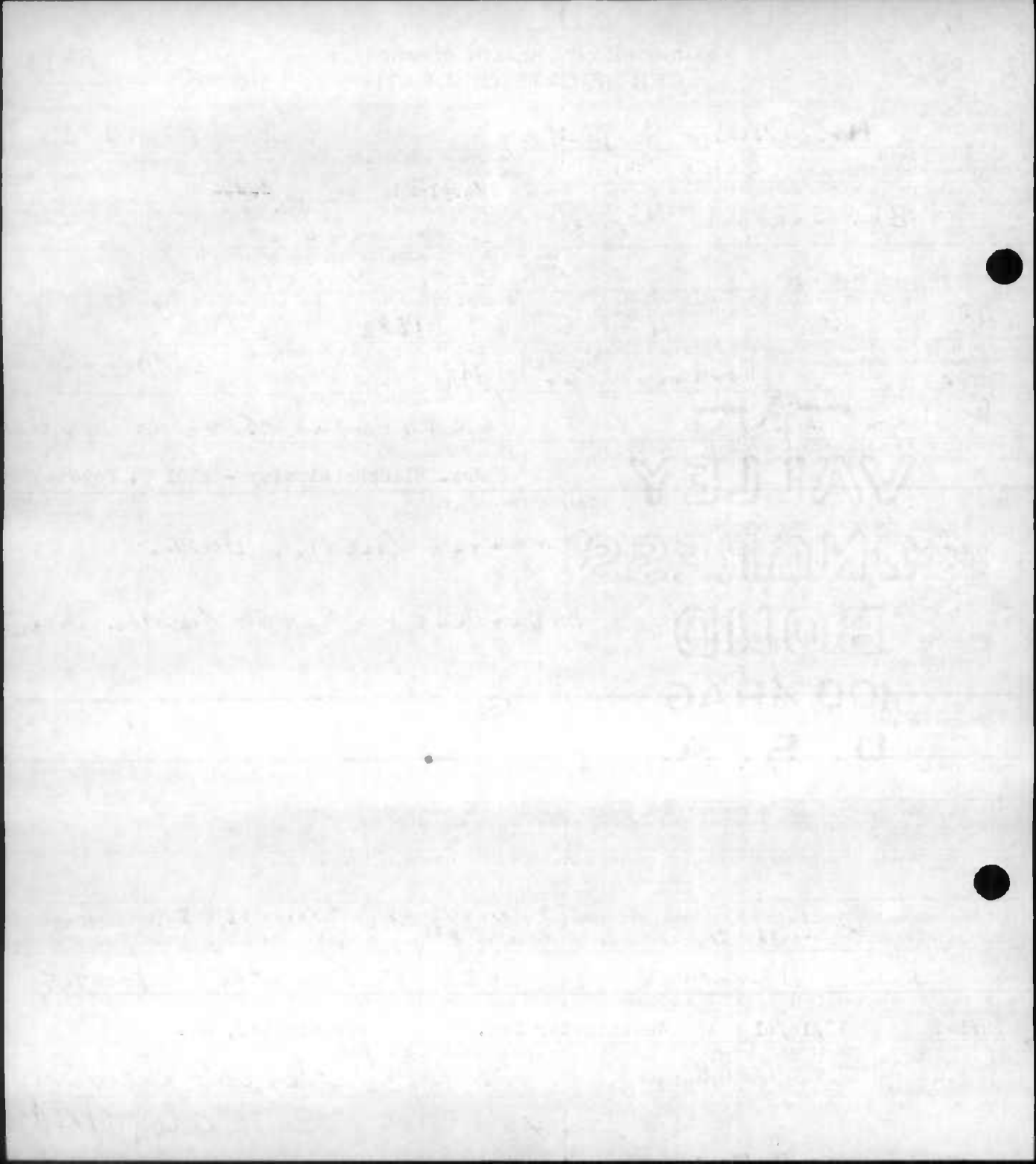


124  
01 8814BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8814  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Mrs. Oscar Hipsley</i>			2. DATE OF DEATH <i>10-13-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto, Md.</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>-----</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>34 Bon Secours Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 20-07</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>2201 W Fayette</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>9. 1. 1882</i>	9. AGE (In years last birthday) <i>69</i>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Owner</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Hardware Oppr.</i>		
11. BIRTHPLACE (State or foreign country) <i>Md.</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>William Hipsley</i>			14. MOTHER'S MAIDEN NAME <i>Catherine C. Cronenhardt</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>Yes, no or unknown</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mrs. Blanche Hipsley - 2201 W. Fayette St</i>			ADDRESS		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Cerebral Vascular Accident</i> DUE TO (B) <i>Hypertensive Cardio-Vascular Disease</i> DUE TO (C)  INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>10/13/51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>October 13, 1951</i> , to <i>October 13, 1951</i> ; that I last saw the deceased alive on <i>October 13, 1951</i> , and that death occurred at <i>8:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dean Mendez</i>		23B. ADDRESS <i>2025 W. Fayette</i>		23C. DATE SIGNED <i>10-13-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/16/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Westminster Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Westminster, Md.</i>		25. FUNERAL DIRECTOR <i>Wm. J. Lickner &amp; Sons</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 15 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. J. Lickner</i>		ADDRESS <i>2906 N 93rd Balto., Md.</i>	



430  
1 8815BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8815

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

REVEREND GEORGE AVERY NEELD

2. DATE  
OF  
DEATH

Oct. 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Church Home Hospital

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Church Home + Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

27-38

D. STREET ADDRESS (If rural, give location)

5606 Loch Raven Blvd.

C. Length of stay in Baltimore

3

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, (MARRIED)

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Professor &amp; Minister

10B. KIND OF BUSINESS OR  
INDUSTRY

church

13. FATHER'S NAME

Frank Neeld

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

8. DATE OF BIRTH

Oct. 21, 1882

9. AGE (In years  
last birthday)

68 years

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

India

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Emma L. Avery

17. INFORMANT

ADDRESS

Mrs. Irene A. Neeld - 5606 Loch Raven Blvd

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion

6 days

ANTECEDENT CAUSES

(B)

DUE TO

Cardiac failure

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐22. I hereby certify that I attended the deceased from Oct. 12, 1951, to October 13, 1951, that I last saw the  
deceased alive on Oct. 13, 1951, and that death occurred at 3:10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

H. Reed Carroll

M. D.

23B. ADDRESS

Church Home Hospital

23C. DATE SIGNED

10/13/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/16/51

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill C em.

24D. LOCATION (City, town, or county)

Washington, D. C.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. Reed Carroll

25. FUNERAL DIRECTOR

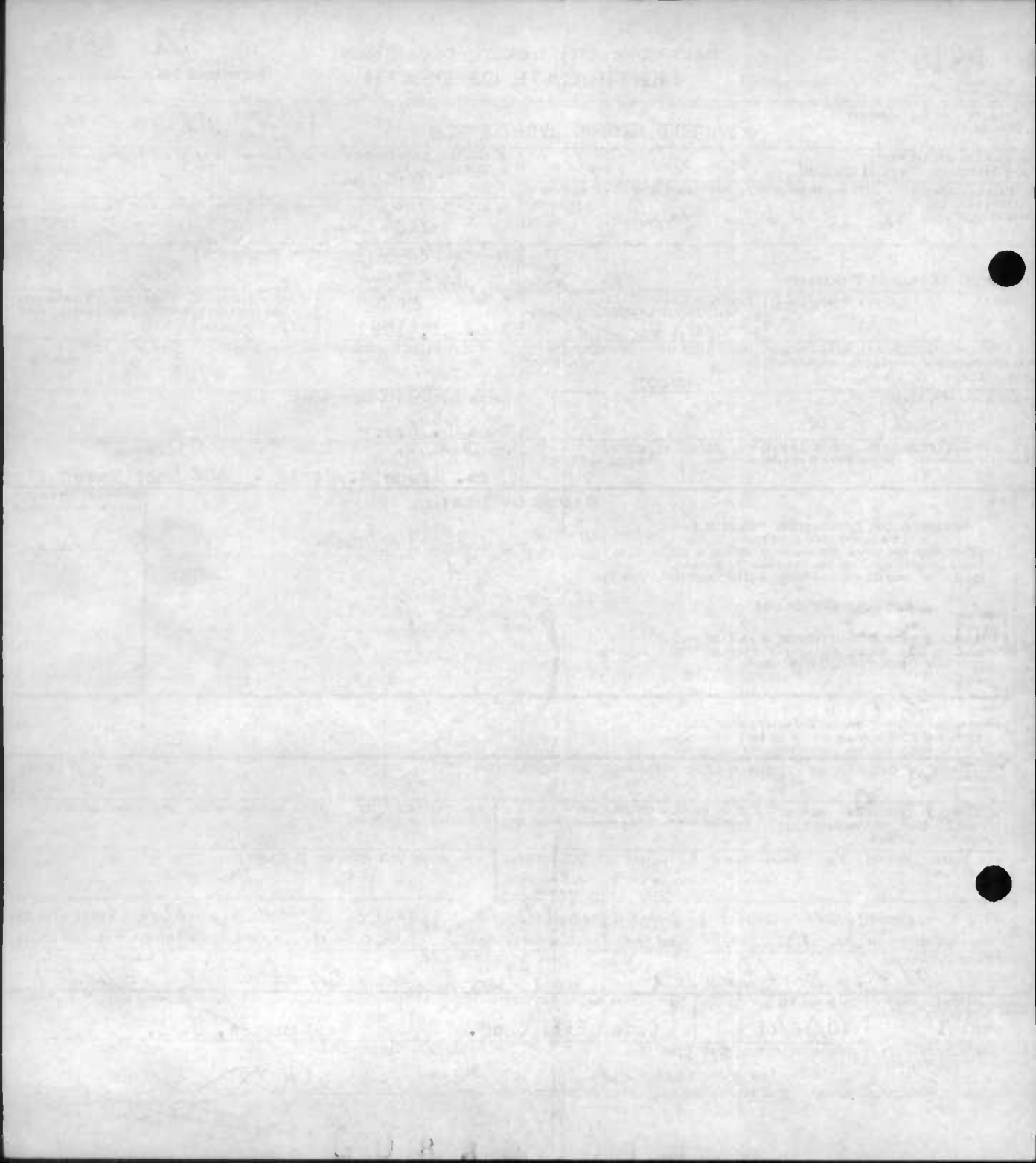
ADDRESS

H. Reed Carroll

VS 150

0098W

942 Sacto. Md.



252  
1 8816

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8816

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>LOUISE GASKINS.</b>		2. DATE OF DEATH <b>10-11-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>1224 N. GILMOR ST.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE.</b>			
D. STREET ADDRESS (If rural, give location) <b>1224 N<sup>TH</sup> GILMOR ST.</b>		5. SEX <b>FEMALE</b> 6. COLOR OR RACE <b>COL</b> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>			
8. DATE OF BIRTH <b>10-11-88</b>		9. AGE (In years last birthday) <b>63</b>		10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK.</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>LANCASTER COUNTY - VA -</b>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <b>ROBERT HENDERSON - VA.</b>		14. MOTHER'S MAIDEN NAME <b>MATILDA - S.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <b>LILLIAN HAWKINS.</b> ADDRESS <b>1224 N. GILMOR ST.</b>	

18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Embolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10/11/51</b>	
DUE TO			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Arteriosclerotic Heart Disease</b>		DUE TO <b>6 mos.</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10/10/51</b> , 19 <b>51</b> , to <b>10/11/51</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10/11/51</b> , 19 <b>51</b> , and that death occurred at <b>11:30 P.</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>S. B. H. Higgins</b>		23B. ADDRESS <b>2243 Madison Ave.</b>		23C. DATE SIGNED <b>10/13/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>10-11-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>MT. AUBURN CEMETRY</b>	
24D. LOCATION (City, town, or county) <b>BALTIMORE</b>		24E. (State) <b>Md.</b>		25. FUNERAL DIRECTOR <b>WILLIAM A JACKSON.</b> ADDRESS <b>916 PENNA-AVE.</b>	

1912

UNITED STATES DEPARTMENT OF THE INTERIOR

WATER RESOURCES DIVISION

LOUISE CARROLL

MISS

1010 14th St. N.W.

Washington, D.C.

Dear Miss Carroll:

I have your letter of the 10th inst.

relative to the

question of the

proposed

amendment to the

act of March 3, 1899

and in reply to inform you

that the same has been

referred to the

proper authorities for

their consideration.

I am, very respectfully,

Yours very truly,

W. A. RORER

Chief of Division

Water Resources Division

U. S. Department of the Interior

Washington, D. C.



356  
1 8817

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8817

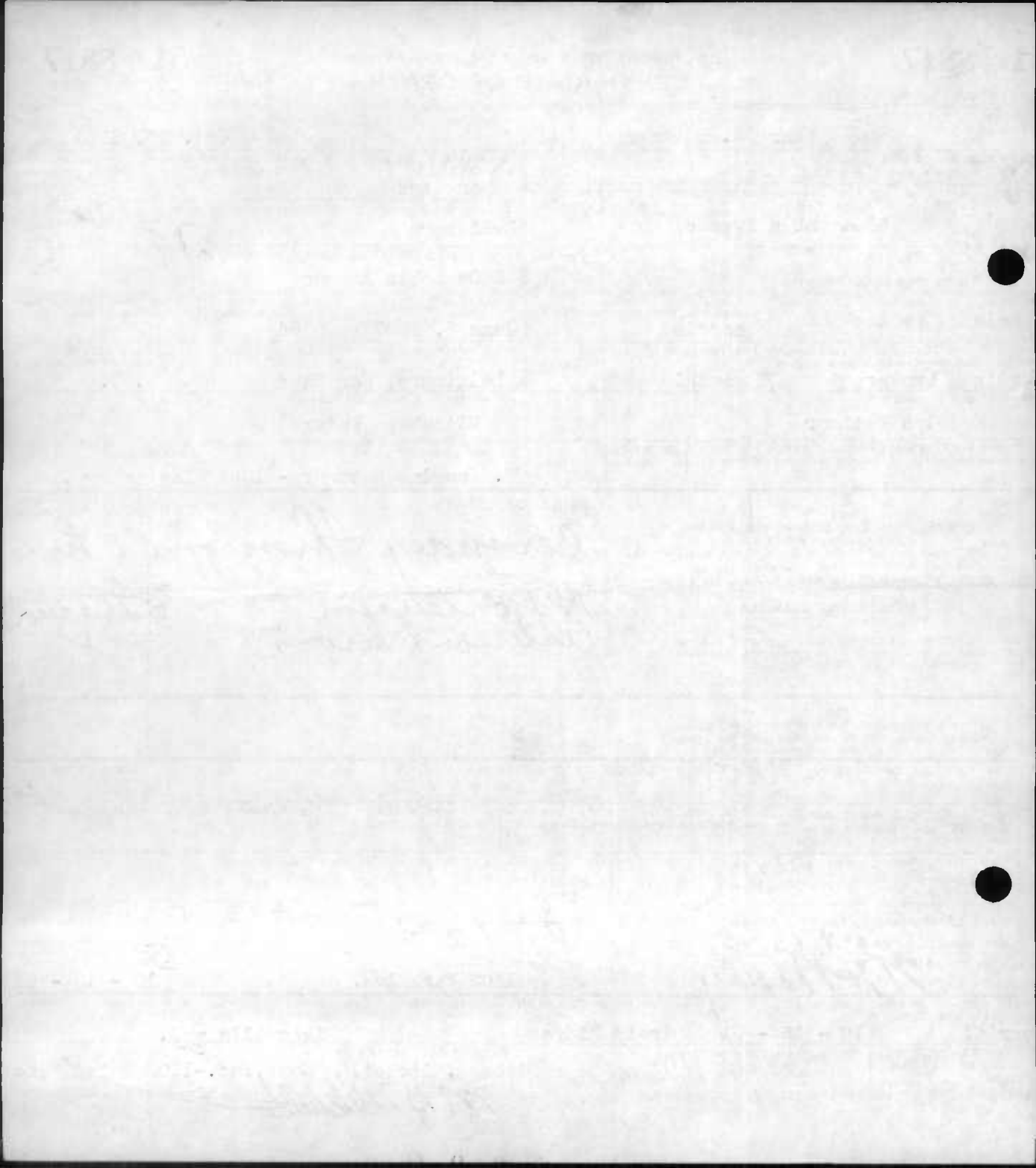
BIRTH NO.		1. NAME OF DECEASED (Type or Print) Henry R. Buttner		2. DATE OF DEATH Oct. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none			
5. FULL NAME OF HOSPITAL OR INSTITUTION 5004 Embla Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
6. Length of stay in Baltimore life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5004 Embla Avenue			
7. SEX male	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	10. DATE OF BIRTH June 5, 1887	11. AGE (In years last birthday) 64	12. Under 1 Year Months Days 12 Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired broker		10B. KIND OF BUSINESS OR INDUSTRY Steamship agent		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
12. CITIZEN OF WHAT COUNTRY? U. S.		14. MOTHER'S MAIDEN NAME Elizabeth Waters			
13. FATHER'S NAME Rudolph Buttner		16. SOCIAL SECURITY NO.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		17. INFORMANT ADDRESS W. Douglas Buttner - 1329 Winston Ave.			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1 I CAUSE OF DEATH (A) Coronary Thrombosis TO (B) Hypertension DUE TO Atherosclerosis (C) INTERVAL BETWEEN ONSET AND DEATH 1 hr Gradual		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1945 to Oct 13, 1951, that I last saw the deceased alive on Oct 13, 1951, and that death occurred at 2:30 P.M., from the causes and on the date stated above.					
23A. SIGNATURE M. B. Massey		23B. ADDRESS 1403 Park Ave.		23C. DATE SIGNED 10 - 15 - 51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 10 - 15 - 51		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
24D. LOCATION (City, town, or county) (State) Pikesville, Md.		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.		ADDRESS 1900 Eutaw Place	
DATE RECEIVED BY LOCAL REGISTRAR OCT 15 1951		REGISTRAR'S SIGNATURE W. J. Williams, Jr.		VS 150	

MEDICAL CERTIFICATION

38055

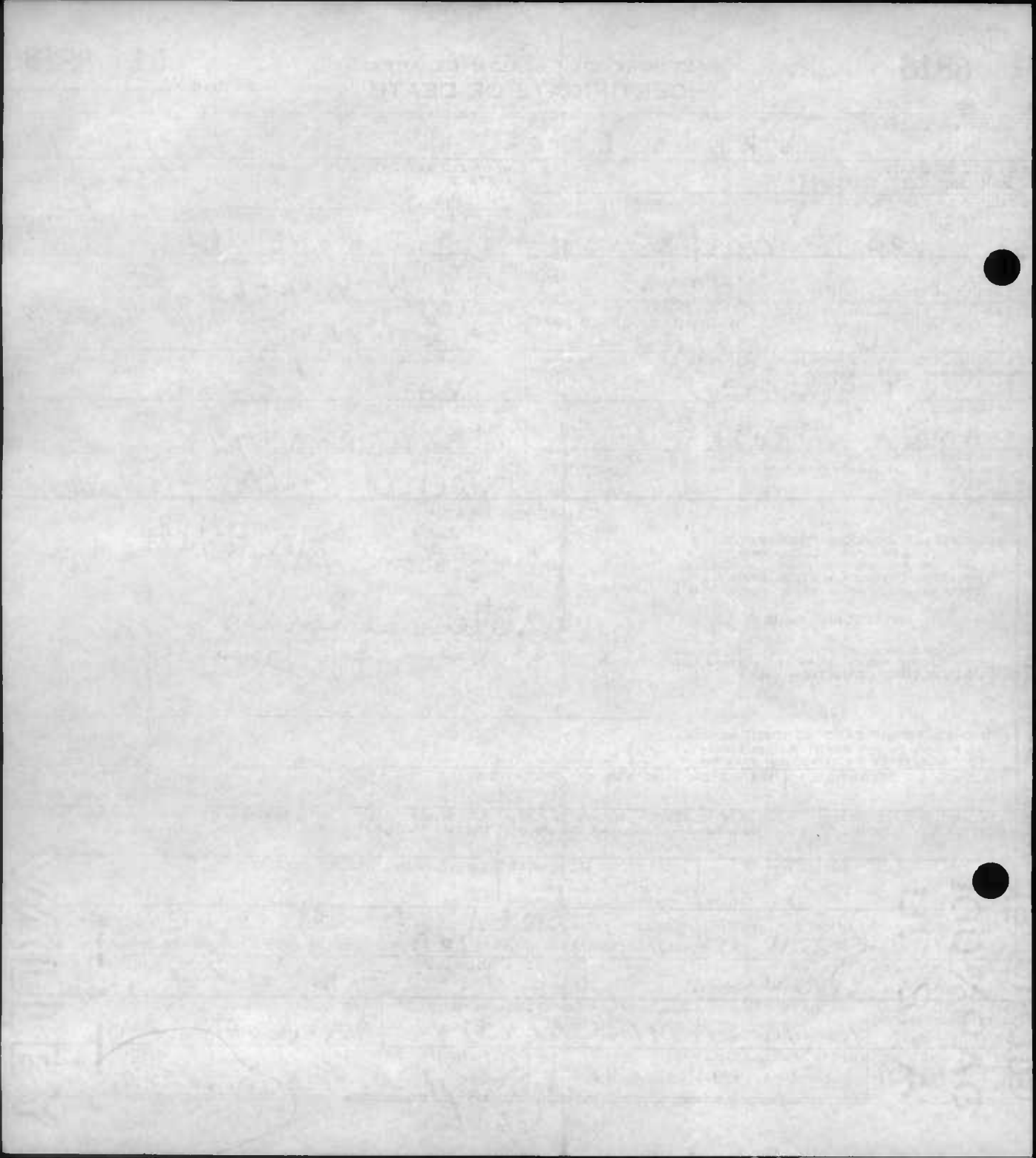
M B Mitchell

94a



20  
1 8818BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8818  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
VIRGINIA BROOKS		10-12-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 405 N. WOLFE ST		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MD. BALTIMORE 6-04	
C. Length of stay in Baltimore 40 YRS		D. STREET ADDRESS (If rural, give location) 405 N. WOLFE ST.	
5. SEX F	6. COLOR OR RACE C.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 8-15-1881
9. AGE (In years, last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC (RETIRED)	
11. BIRTHPLACE (State or foreign country) VA.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME JAMES BROOKS		14. MOTHER'S MAIDEN NAME MARY SPR 1995	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT PRISCILLA COLLINS		ADDRESS 413 N. WOLFE ST	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 443X I CAUSE OF DEATH Congestive Heart Failure 1 year Hypertensive Cardiovascular Disease? INTERVAL BETWEEN ONSET AND DEATH		(A) DUE TO (B) DUE TO (C)	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 1, 1951, to Oct 12, 1951 that I last saw the deceased alive on Oct. 10, 1951, and that death occurred at 10 A. M., from the causes and on the date stated above.			
23A. SIGNATURE J. H. Adams		23B. ADDRESS 1222 N. Caroline	
23C. DATE SIGNED 10-16-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 10-16-51	
24C. NAME OF CEMETERY OR CREMATORY MT. CALVARY		24D. LOCATION (City, town, or county) (State) A.A. County, Md	
25. FUNERAL DIRECTOR Joseph B. Locks, Jr.		ADDRESS 1304 N. Central Ave	
DATE RECEIVED BY LOCAL REGISTRAR OCT 15 1951		REGISTRAR'S SIGNATURE [Signature]	
VS 150		720PA 93D	



To be approved Medical Examiner

51 8819

## BALTIMORE CITY HEALTH DEPARTMENT

51 8819

BIRTH NO. 6-34288 CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) <b>BERNADETTE WILLIAMS</b>			2. DATE OF DEATH <b>10-11-51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>University Hosp.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>1420 W. Franklin St.</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>col.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>10/13/45</b>		9. AGE (In years last birthday) <b>5</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>*</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>*</b>	11. BIRTHPLACE (State or foreign country) <b>Balto.</b>		12. CITIZEN OF WHAT COUNTRY? <b>✓</b>
13. FATHER'S NAME <b>Jas. Williams</b>			14. MOTHER'S MAIDEN NAME <b>Phylliss Johnson</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>*</b>			16. SOCIAL SECURITY NO. <b>*</b>		
17. INFORMANT <b>Phylliss Williams (M)</b>			ADDRESS <b>1420 W. Frank-</b>		

18. **518X and E 885.0**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

## CAUSE OF DEATH

(A)

**Lead Poisoning**

(B)

**Empyema Left Chest**

(C)

**Chronic Lead Poisoning****Empyema Left Chest**

INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION <b>10-11-51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>1420 W. Franklin St.</b>			
21D. TIME (Month) (Day) (Year) (Hour) <b>Nov 11/1951</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Gas paint and plaster</b>			
22. I hereby certify that I attended the deceased from <b>10-7-51</b> to <b>10-11-51</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-11-51</b> , 19 <b>51</b> , and that death occurred at <b>11:51 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>James M. Brannan</b>		23B. ADDRESS <b>University Hospital</b>		23C. DATE SIGNED <b>10-11-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24B. DATE <b>10/15/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Abertus Memorial</b>		24D. LOCATION (City, town or county) (State) <b>Balto County Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 1 51951</b>		REGISTRAR'S SIGNATURE <b>William J. Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>(Chas H Corfan 512 Princeton Ave)</b>	

# THE CHURCH

## AFRICA

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635  
1 8820

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8820

1. NAME OF DECEASED (Type or Print) <b>ORLEANIOUS JORDAN</b>		2. DATE OF DEATH <b>OCT 14, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>6-05</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johns Hopkins Hosp</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>23 Yrs.</b>		D. STREET ADDRESS (If rural, give location) <b>119 North Bond Street</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 11, 1900</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>American Stores</b>	9. AGE (In years last birthday) <b>51</b>
13. FATHER'S NAME <b>John Jordan</b>		11. BIRTHPLACE (State or foreign country) <b>Nausemond Virginia</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO. <b>218-03-2237</b>		14. MOTHER'S MAIDEN NAME <b>Elizabeth Buttler</b>	
		17. INFORMANT ADDRESS <b>Lillian Jordan 119 N. Bond Street</b>	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CORONARY ARTERY SCLEROSIS</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>10/17/1951</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			

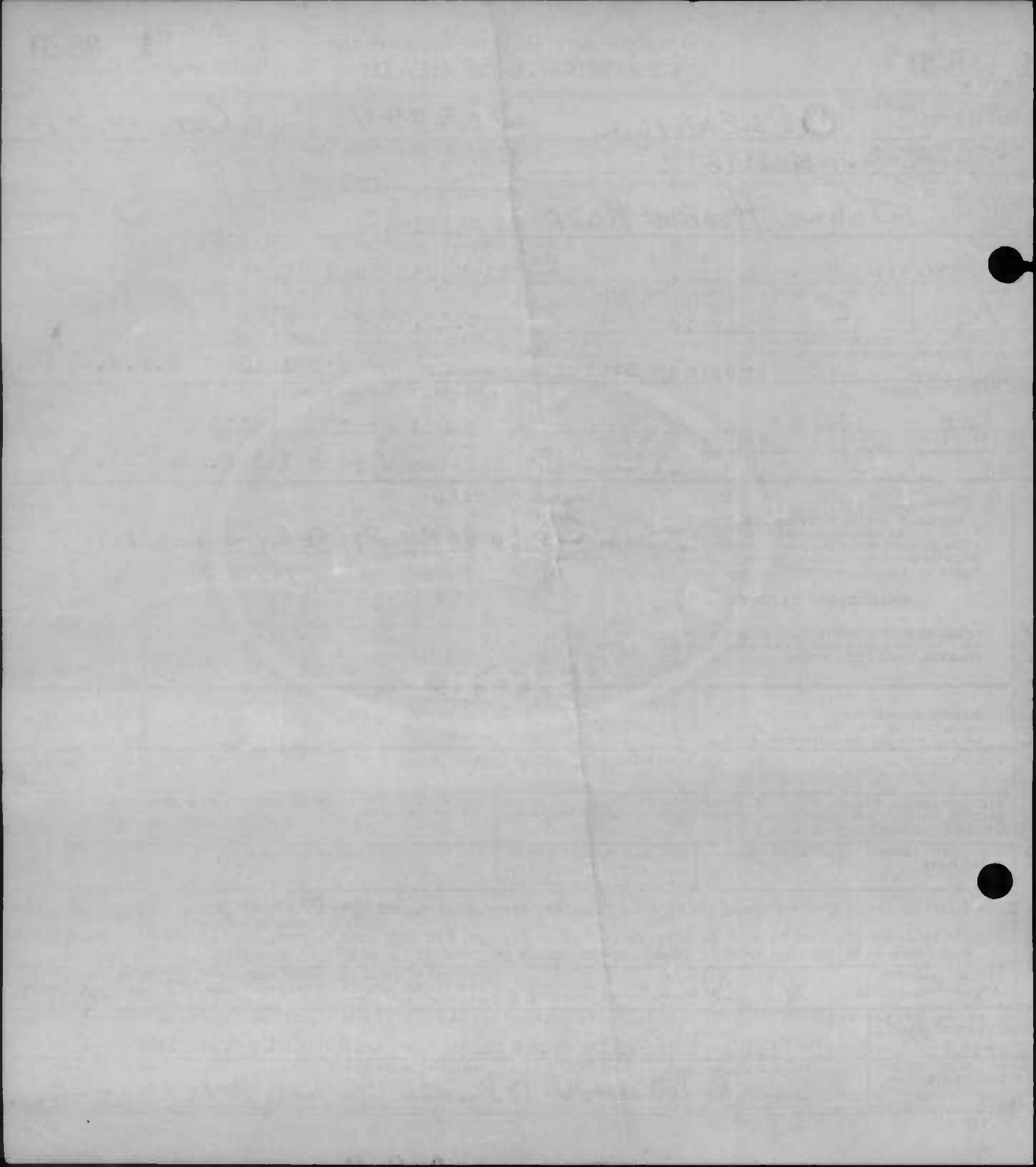
22. I certify that I took charge of the remains described above, held a **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>Stanley H. Durelacher</b>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>OCT 14, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/17/1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Chuchatu Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Chuchatu Virginia</b>		

DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 15 1951</b>	REGISTRAR'S SIGNATURE <b>William Williams</b>	25. FUNERAL DIRECTOR <b>Elroy O. Wilson</b>	ADDRESS <b>1000 Brantly</b>
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VS 151 9706A 94a





260  
1 8821BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8821  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Ella Becker</i>		2. DATE OF DEATH <i>Oct 14<sup>th</sup> 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Ardenleigh Nursing Home</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Balto</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2075 Rockrose Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
C. Length of stay in Baltimore <i>50 Yrs</i>		D. STREET ADDRESS (If rural, give location) <i>1054 N. Milton Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S.</i>	8. DATE OF BIRTH <i>Feb 3rd 1872</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>79</i>
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country) <i>Penna.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Hattie Bearlee</i>	
17. INFORMANT <i>Mrs Pope</i>		ADDRESS <i>1054 N. Milton Ave</i>	
18. <i>443X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Congestive Heart Failure</i> CAUSE OF DEATH (A) <i>Hypertensive - Arteriosclerotic</i> DUE TO (B) <i>CVD</i> DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION <i>0</i>			
19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 1951</i> , to <i>Oct 14</i> , 1951, that I last saw the deceased alive on <i>Oct 14</i> , 1951, and that death occurred at <i>2:40</i> a. m., from the causes and on the date stated above.			
23A. SIGNATURE <i>William Apperly</i>		23B. ADDRESS <i>2511 Reisterstown Rd</i>	
23C. DATE SIGNED <i>10/15/51</i>		23D. SIGNATURE <i>Leo S. Leach</i>	
23E. ADDRESS <i>1701-03 N. Patterson Park</i>		23F. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct 16<sup>th</sup> 1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Balto Cem</i>		24D. LOCATION (City, town, or county) (State) <i>E. North Ave Est</i>	
24E. DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 15 1951</i>		24F. REGISTRAR'S SIGNATURE <i>William Apperly</i>	
24G. FUNERAL DIRECTOR <i>Leo S. Leach</i>		24H. ADDRESS <i>1701-03 N. Patterson Park</i>	

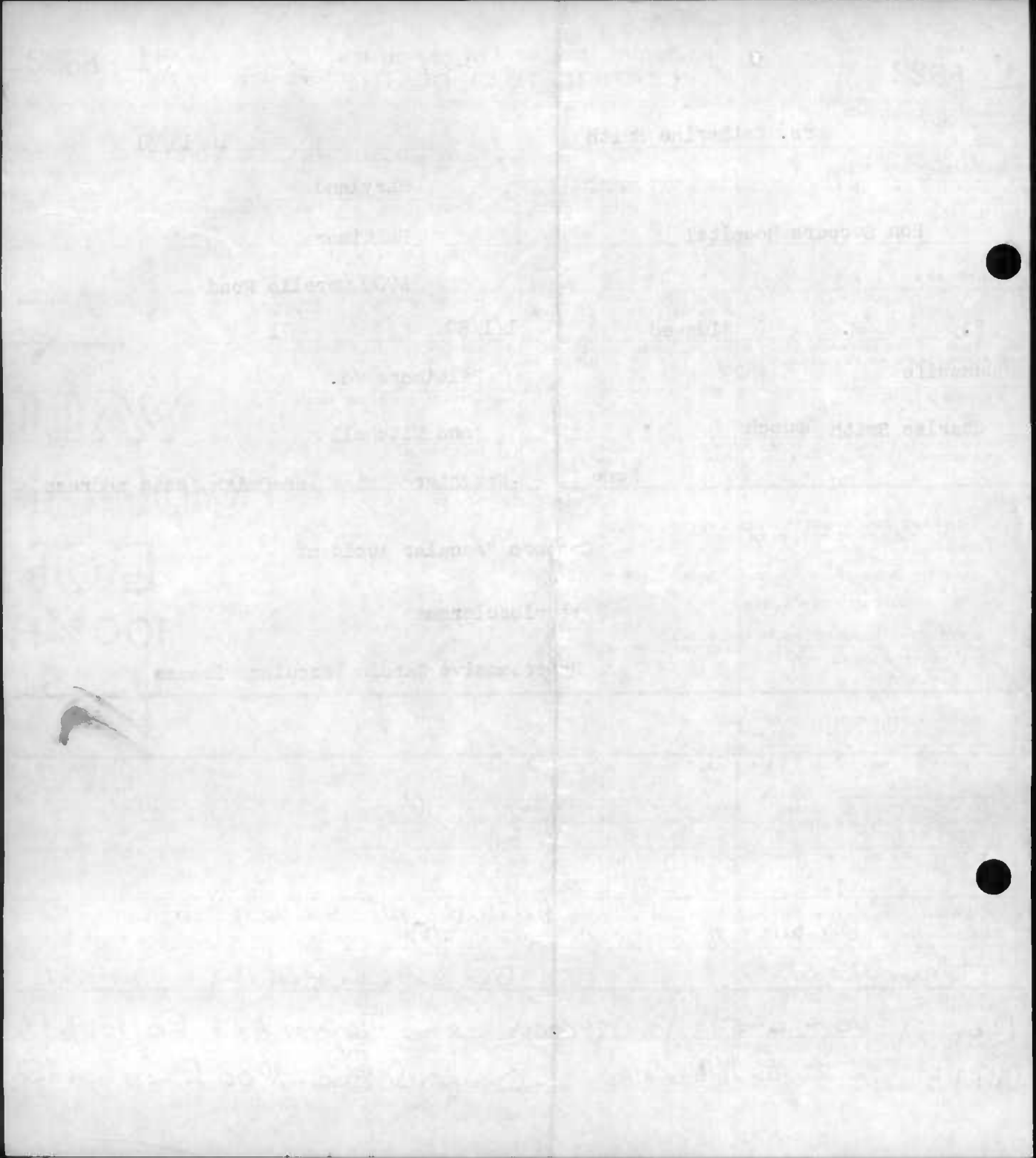
Dr Appelfeld 2511 Reistertown Rd

530  
51 8822  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8822

1. NAME OF DECEASED (Type or Print) <b>Mrs. Catherine Smith</b>			2. DATE OF DEATH <b>10/13/51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Bon Secours Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>4700 Morello Road</b>		
5. SEX <b>F.</b>	6. COLOR OR RACE <b>N.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>1/1/80</b>	9. AGE (In years last birthday) <b>71</b>	II Under 1 Year Months: Days II Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>Charles Smith Dausch</b>			14. MOTHER'S MAIDEN NAME <b>Anna Mitchell</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Daughter - Miss Anne Smith, same address</b>		
18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Cerebro Vascular Accident</b> DUE TO <b>Arteriosclerosis</b> (B) <b>Hypertensive Cardio Vascular Disease</b> DUE TO <b>Arteriosclerosis</b> (C) <b>Hypertensive Cardio Vascular Disease</b>			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>October 12, 1951</b> , to <b>October 13, 1951</b> , that I last saw the deceased alive on <b>October 13, 1951</b> , and that death occurred at <b>7:15 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Daniel Garte</b>		23B. ADDRESS <b>Bon Secours Hospital</b>		23C. DATE SIGNED <b>10/13/51</b>	
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		24B. DATE <b>10-16-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood c.m.</b>	
24D. LOCATION (City, town, or county) <b>Balto. Md</b>		24E. FUNERAL DIRECTOR <b>Ruppel Bros.</b>		24F. ADDRESS <b>1800 E. Lombard St</b>	

MEDICAL CERTIFICATION



435  
51 8823

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8823  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Margaret A. Geldmacher</i>		2. DATE OF DEATH <i>10/12/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2305 St. Paul St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 8-01</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3201 Elmora Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>4/29/1872</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or off retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own House</i>	9. AGE (In years last birthday) <i>79</i>
11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>George A. Fischer</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Webster</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
		17. INFORMANT <i>John L. Geldmacher 3201 Elmora Ave</i>	

18. <i>434.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>congestion heart failure</i> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) <i>10/11/51</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan</i> , 19 <i>51</i> to <i>Oct. 13</i> , 19 <i>51</i> that I last saw the deceased alive on <i>10-11-51</i> , and that death occurred at <i>3:00</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Ellsworth Cole</i>		23B. ADDRESS <i>2431 Maryland Avenue Balto 18</i>		23C. DATE SIGNED <i>10-13-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/16/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet</i>	
24D. LOCATION (City, town, or county) <i>Balto. Md.</i>		24E. ADDRESS		25. FUNERAL DIRECTOR <i>Wm. Cook Inc. 1217 St. Paul St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 15 1951</i>		REGISTRAR'S SIGNATURE <i>Thos. J. ...</i>		25. FUNERAL DIRECTOR ADDRESS	

THE UNIVERSITY OF CHICAGO  
LIBRARY



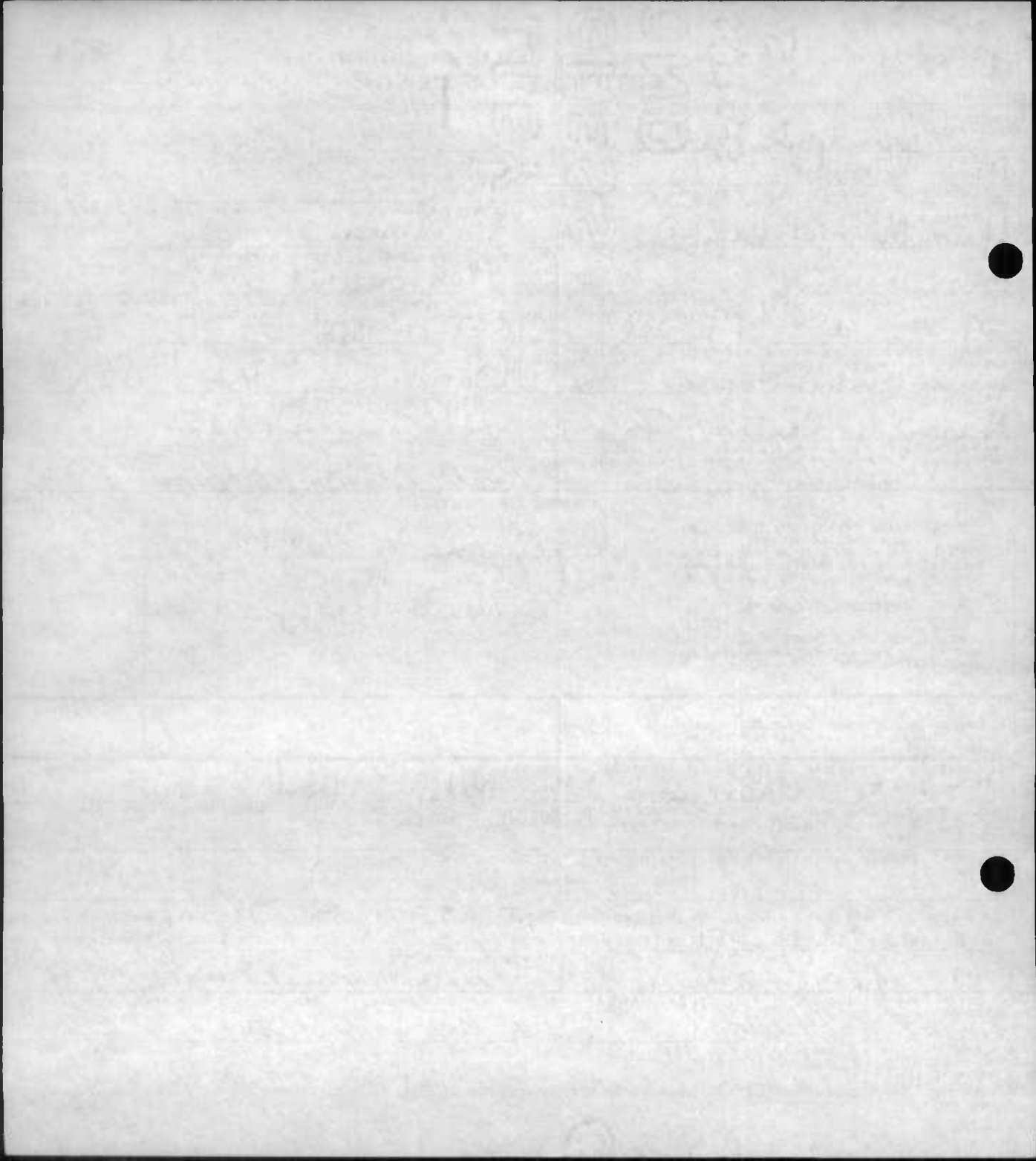
636  
51 8824

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8824  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Harry Young Carter Jr.</i>			2. DATE OF DEATH <i>10-13-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <i>MD</i> COUNTY <i>Baltimore</i> CITY OR TOWN <i>27-17</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Union Memorial Hospital</i>			D. STREET ADDRESS (If rural, give location) <i>4809 Laurel Ave</i>		
C. Length of stay in Baltimore			E. DATE OF BIRTH <i>Oct 12 1898</i> 9. AGE (in years last birthday) <i>53</i>		
5. SEX <i>M</i> 6. COLOR OR RACE <i>W</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Musical Director &amp; Composer</i>		
11. FATHER'S NAME <i>Harry Y. Carter, Sr.</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>Unknown</i>			14. MOTHER'S MAIDEN NAME <i>Lillian Dadds</i>		
15. SOCIAL SECURITY NO.			16. INFORMANT ADDRESS <i>Rosalie T. Carter 4809 Laurel Ave</i>		
18. <i>15-X</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Gall Bladder</i> DUE TO <i>Antibiotic</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <i>10-3-51</i>			19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Gall Bladder - Metastasis to liver</i>		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour)		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Sept 27, 1951</i> , to <i>Oct 13, 1951</i> , that I last saw the deceased alive on <i>Oct 13, 1951</i> , and that death occurred at <i>10:51</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John C. Brown</i>			23B. ADDRESS <i>Union Memorial Hospital</i>		
23C. DATE SIGNED <i>10/13/51</i>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>10/16/51</i>		
24C. NAME OF CEMETERY OR CREMATORY <i>Louisa Park</i>			24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		
25. FUNERAL DIRECTOR <i>Wm. Cook Inc. 1217 St. Paul St.</i>			ADDRESS		

MEDICAL CERTIFICATION



535  
8825

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

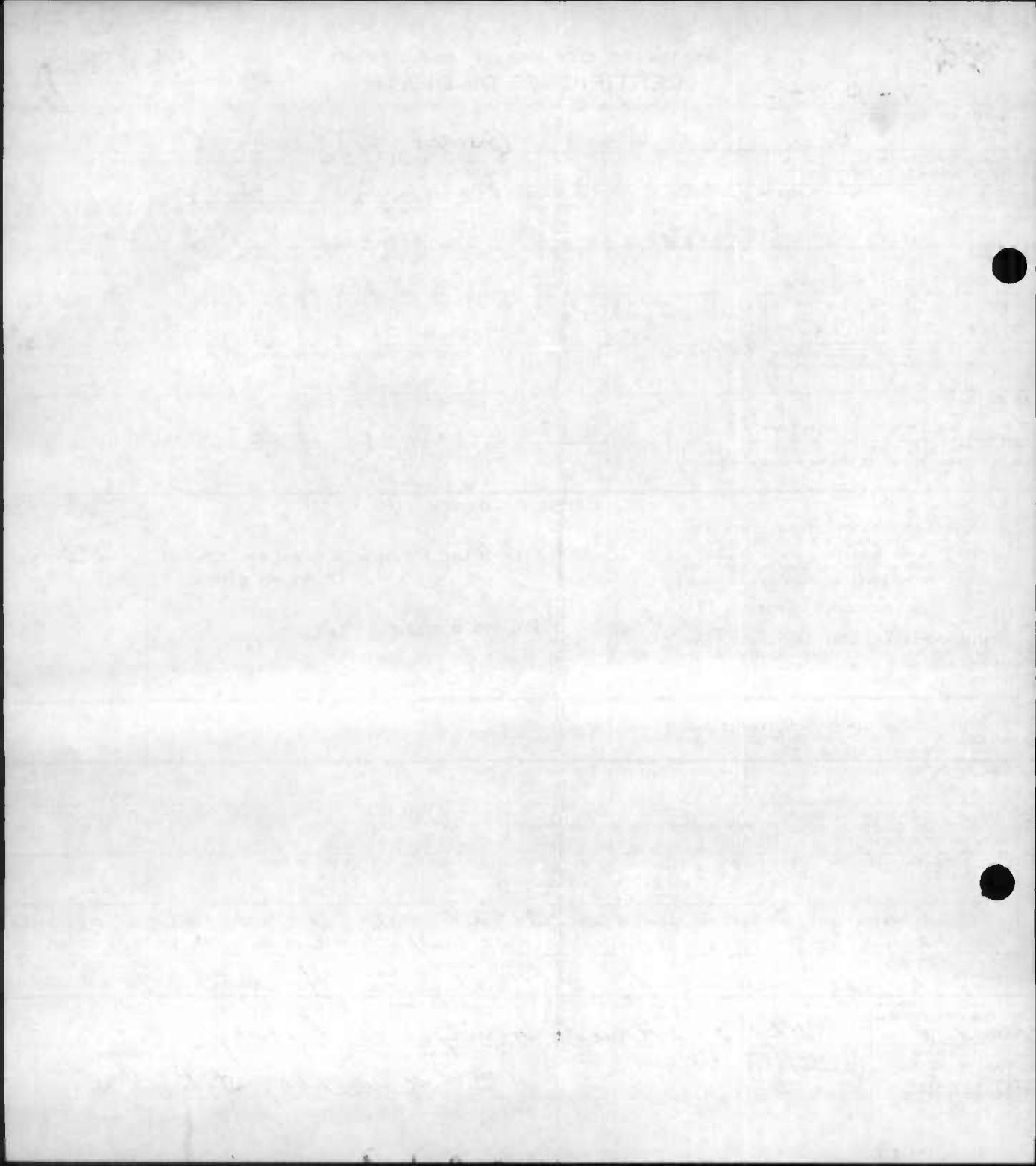
Registered No. 51 8825

BIRTH NO. 51-21940

1. NAME OF DECEASED (Type or Print) <b>Baby Boy Linton (GEORGE F.)</b>			2. DATE OF DEATH <b>10-14-51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Balto.</b>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>28 University Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 21-01</b>		
6. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>1134 Ridgely St. Balto. Md.</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>9-22-51</b>		9. AGE (In years last birthday) <b>23</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>George Linton</b>			14. MOTHER'S MAIDEN NAME <b>Geraldine Paige Linton</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>father</b> ADDRESS <b>same</b>		

18. <b>774X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>immaturity congenital</b> DUE TO <b>no anomalies</b>		INTERVAL BETWEEN ONSET AND DEATH <b>23 days</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Prematurity</b> DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-28, 1951</b> to <b>10-14, 1951</b> , that I last saw the deceased alive on <b>10-14, 1951</b> , and that death occurred at <b>5:50 AM.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>R. K. Skipton</b>		23B. ADDRESS <b>University Hospital</b>		23C. DATE SIGNED <b>10-14-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/16/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Meadow Ridge</b>	
24D. LOCATION (City, town, or county) (State) <b>Dorsey Md.</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 15 1951</b>		24F. REGISTRAR'S SIGNATURE <b>Wm. Cook Inc.</b>	
24G. FUNERAL DIRECTOR <b>Wm. Cook Inc.</b>		24H. ADDRESS <b>1217 St. Paul St.</b>			



654  
8826BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8826  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Charles W. Greenly

2. DATE  
OF  
DEATH

10/14/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

849 McAlister Court

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Balto

D. STREET ADDRESS (If rural, give location)

849 McAlister Court

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6/13/1874

9. AGE (In years  
last birthday)

77

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Garage Manager

10B. KIND OF BUSINESS OR  
INDUSTRY

Coverland Dairy

11. BIRTHPLACE (State or foreign country)

Delaware

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Greenly

14. MOTHER'S MAIDEN NAME

Mary (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Para Greenly 849 McAlister Ct.

18. 177X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Ca of prostate

DUE TO

## ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

July 1951 (Dr. Hutchins)

19B. MAJOR FINDINGS OF OPERATION

Ca of prostate

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 25 Sept., 1951, to 1 Oct., 1951, that I last saw the  
deceased alive on 14 Oct., 1951, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel Scherf

23B. ADDRESS

718 E. Preston St

23C. DATE SIGNED

15 Oct. 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/17/51

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 15 1951

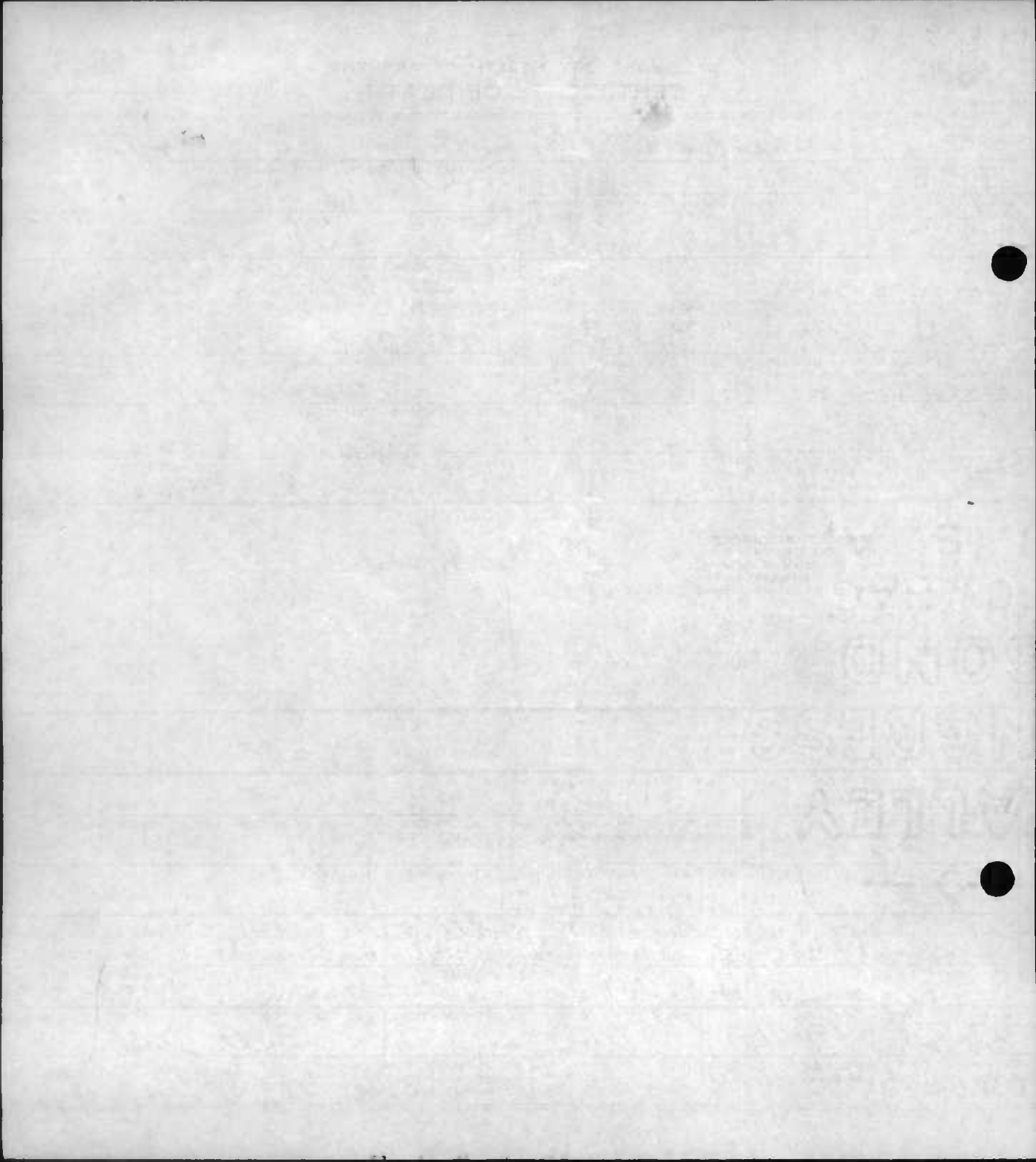
REGISTRAR'S SIGNATURE

Samuel Scherf

25. FUNERAL DIRECTOR

Wm Cook Inc, 1217 St. Paul St.

ADDRESS





424  
51 8827BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8827

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Clarence H. Chalkley		10-13-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>4703 Hampnett Ave.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
C. Length of stay in Baltimore <u>life</u>		D. STREET ADDRESS (If rural, give location) <u>3426 Old York Rd.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-21-1873</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mechanic</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Telephone</u>	9. AGE (In years last birthday) <u>78</u>
13. FATHER'S NAME <u>William E. Chalkley</u>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
14. MOTHER'S MAIDEN NAME <u>Judith Lacy</u>		17. INFORMANT <u>Mrs. Margaret H. Chalkley, Old York Rd.</u>	

18. <u>450.0 and E903.5</u> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
(A) <u>Hypostatic Pneumonia</u>	DUE TO	<u>2 days</u>
ANTECEDENT CAUSES		
(B) <u>Arteriosclerosis</u>	DUE TO	<u>unknown</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
<u>Fracture of right Femur</u>		

19A. DATE OF OPERATION <u>March 1951.</u>		19B. MAJOR FINDINGS OF OPERATION <u>Fracture of right Femur</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>pavement</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>In 3400 block Old York Road.</u>
21D. TIME (Month) (Day) (Year) <u>Feb. 27, 1951</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Fell on pavement</u>
22. I hereby certify that I attended the deceased from <u>Feb. 27th, 1951</u> to <u>Oct. 13th, 1951</u> , that I last saw the deceased alive on <u>Oct. 12th, 1951</u> and that death occurred at <u>3 A.m.</u> , from the causes and on the date stated above.				
23A. SIGNATURE <u>Geo. W. Montgomery</u>		23B. ADDRESS <u>401 E. 25th. St. Balto. Md.</u>		23C. DATE SIGNED <u>10/15/51.</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>10-16-1951</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 15 1951</u>		25. FUNERAL DIRECTOR <u>John A. Moran</u> ADDRESS <u>3000 E. Baltimore St.</u>		

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97



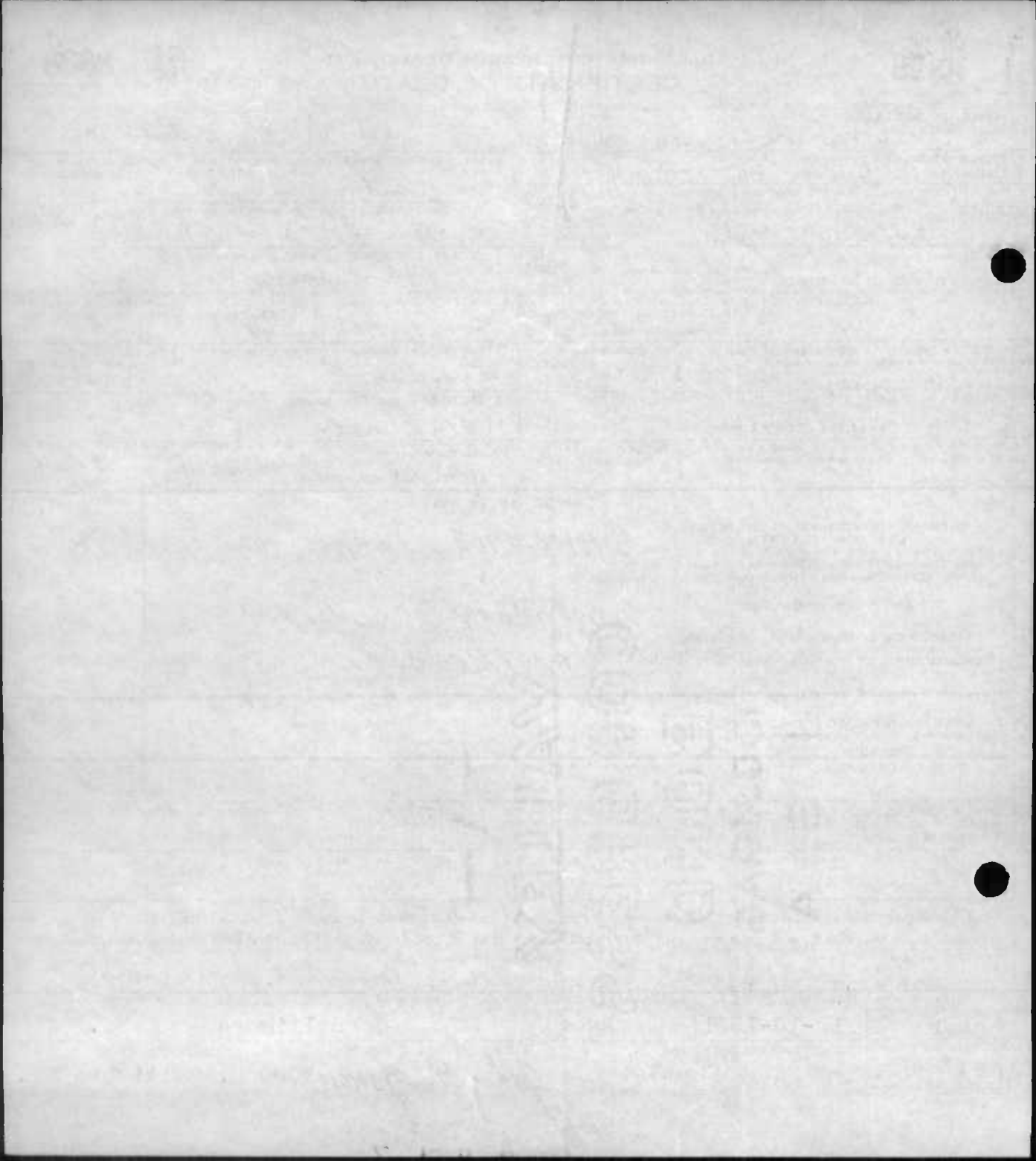
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10. 10. 1930

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400		BALTIMORE CITY HEALTH DEPARTMENT		51 8828	
51 8828		CERTIFICATE OF DEATH		Registered No. 51 8828	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)		JEFFERSON EDWARD POWELL		2. DATE OF DEATH Oct 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hosp.		location Balto 12, Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12 Rural	
C. Length of stay in Baltimore several years		Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 742 Overbrook Road 5300	
5. SEX M		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) Delivery man		10B. KIND OF BUSINESS OR INDUSTRY Real Estate		8. DATE OF BIRTH Nov 3, 1905	
13. FATHER'S NAME EDWARD POWELL		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) unknown		9. AGE (In years last birthday) 45	
		16. SOCIAL SECURITY NO.		11. BIRTHPLACE (State or foreign country) Florida	
				12. CITIZEN OF WHAT COUNTRY? USA	
				14. MOTHER'S MAIDEN NAME EFFIE ADAMS	
				17. INFORMANT Hospital records, Union Memorial Hosp. Balto, Md.	
18. 4201 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) MYOCARDIAL INFARCTION DUE TO ANTECEDENT CAUSES (B) CORONARY OCCLUSION DUE TO (C) ARTERIOSCLEROSIS		INTERVAL BETWEEN ONSET AND DEATH ?			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.					
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 12, 1951, to Oct 13, 1951, that I last saw the deceased alive on Oct 13, 1951, and that death occurred at 9:45A.m., from the causes and on the date stated above.					
23A. SIGNATURE Richard Seal		23B. ADDRESS Union Memorial Hosp.		23C. DATE SIGNED 10-13-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-16-1951		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) Baltimore Md.		24E. FUNERAL DIRECTOR John A. Moran		24F. ADDRESS 3000 E. Baltimore St.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 15 1951		REGISTRAR'S SIGNATURE Wm. Williams, M.D.		25. FUNERAL DIRECTOR John A. Moran	
VS 150		632 746		94a	



360  
BIRTH NO. 8829BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8829

1. NAME OF DECEASED (Type or Print) <b>MaTeius UTARA.</b>		2. DATE OF DEATH <b>10/13/57</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Bald.</b>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>19-03</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Maryland Gen. Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>4 mos</b>		D. STREET ADDRESS (If rural, give location) <b>1316 Hachin St #23</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Feb 3, 1973</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tool Maker</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Brass Copper Brass Renc.</b>	9. AGE (In years last birthday) <b>78</b>
11. BIRTHPLACE (State or foreign country) <b>Lithuania</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>mateus Utara</b>		14. MOTHER'S MAIDEN NAME <b>Eva - Francisca</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT <b>Anna K. Utara Hollins</b>		ADDRESS <b>St. 46</b>	
18. <b>610X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Semi-flogia - Left</b> DUE TO <b>(B) Hypertrophied Prostate</b> DUE TO <b>(C)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>6 mos</b>	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10/11/57</b> , to <b>10/13/57</b> , that I last saw the deceased alive on <b>10/13/57</b> , and that death occurred at <b>10:46 a.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Anthony C. Verone MD</b>		23B. ADDRESS <b>Maryland Gen. Hosp</b>	23C. DATE SIGNED <b>10/13/57</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/16/57</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>	24D. LOCATION (City, town, or county) (State) <b>4430 Belair Rd. St.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 15 1957</b>		REGISTRAR'S SIGNATURE <b>John J. Bowman</b>	
FUNDAL DIRECTOR <b>John J. Bowman</b>		ADDRESS <b>Hollins</b>	

MS. A. 13

THE UNIVERSITY OF CHICAGO  
HARVARD-YENCHING INSTITUTE  
CHINESE STUDIES

1972

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 8830  
Registered No.

430  
1 8830  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JOSEPH ELLIOTT</b>			2. DATE OF DEATH <b>Oct. 12, 1951</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>22</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>South Baltimore General Hosp.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
Length of stay in Baltimore <b>3 yrs</b>			D. STREET ADDRESS (If rural, give location) <b>106 W. Conway Street (3rd floor)</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>11/14/1909</b>		9. AGE (In years last birthday) <b>41</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Federal Gov. Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Solomon's I. Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Harry O. Elliott</b>			14. MOTHER'S MAIDEN NAME <b>Viola Conway</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT ADDRESS <b>Mrs. Katherine V. Leuschner 925 S. Henry</b>		

18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral hemorrhage</b> DUE TO <b>vascular anomaly</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B)</b>		
<b>(C)</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>R. E. Fisher</b>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/15/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>London Park Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>3801 Frederick Ave. 901 St.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 15 1951</b>		REGISTRAR'S SIGNATURE <b>W. H. Williams, Jr.</b>		25. FUNERAL DIRECTOR <b>John J. Cowan &amp; Son</b>	

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51 8831-152932BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8831  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION(If not in hospital or institution, give street address or location)  
Baltimore City Hospitals  
4940 Eastern Ave.

Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR  
INDUSTRY

PARK BOARD BLDG.

13. FATHER'S NAME

Julius Grzybowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.2. DATE  
OF  
DEATH

Oct. 13, 1951.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

837 S. Kenwood Ave.-24

1-01

8. DATE OF BIRTH

Dec. 26 '895

9. AGE (In years  
last birthday)

-55 yrs 9 mo

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A

14. MOTHER'S MAIDEN NAME

Sally Kaczmarek

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Chronic nephritis (nephrosclerosis) 1 yr.

DUE TO

ANTECEDENT CAUSES

(B)

Hypertensive Arteriosclerosis

2 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

Mild Disease- Mild failure

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. 'AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-9-51, 19, to Oct. 13, 1951 that I last saw the  
deceased alive on Oct. 13, 1951 and that death occurred at 2.15 AM from the causes and on the date stated above.

23A. SIGNATURE

J. S. Hogan

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

10-13-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/16/51

24C. NAME OF CEMETERY OR CREMATORY

ST. STANISLAUS CEM.

24D. LOCATION (City, town, or county)

DUNDALK AVE

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

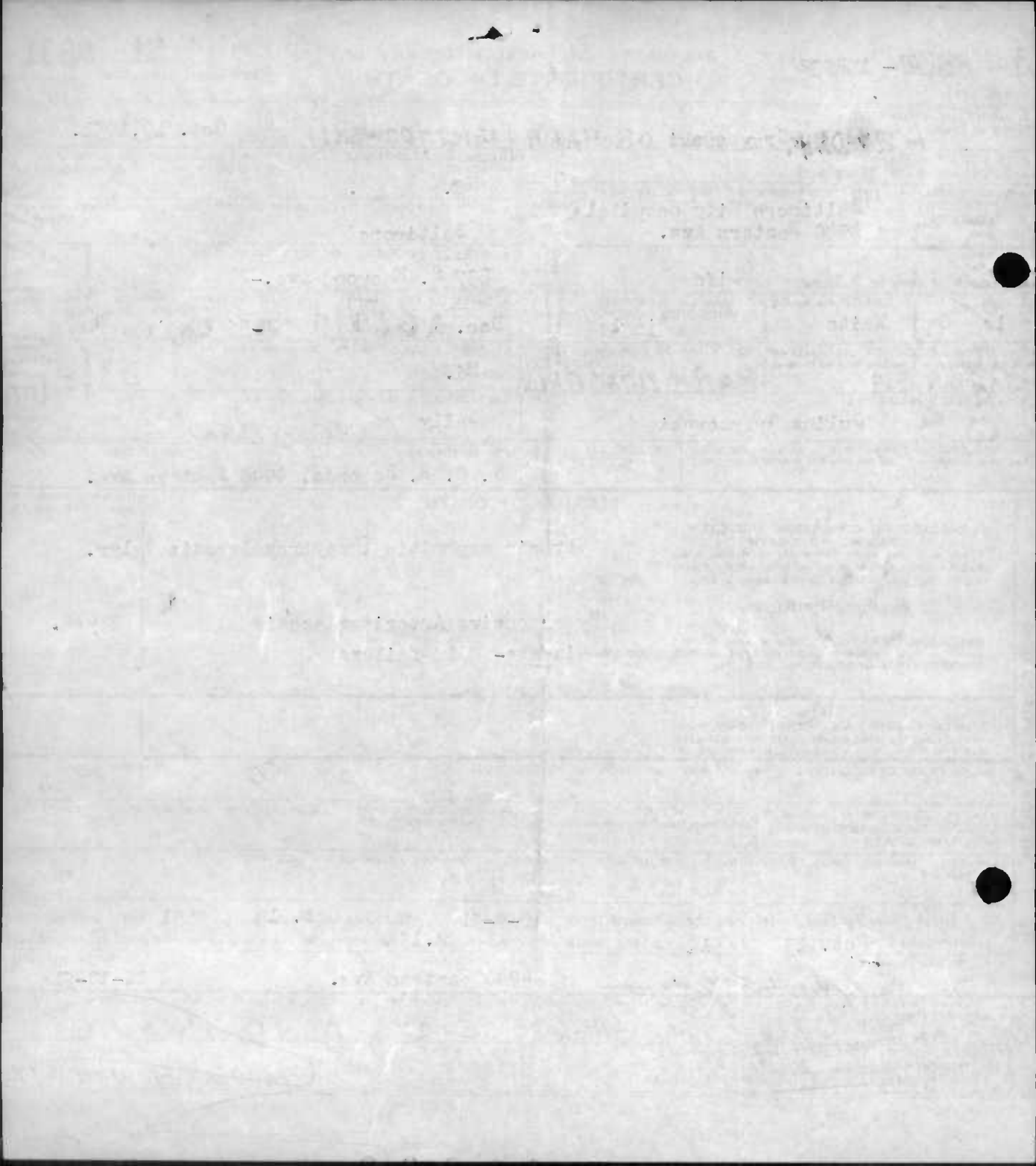
Stephen J. Fialkowski, Inc.

25. FUNERAL DIRECTOR

Stephen J. Fialkowski, Inc.

ADDRESS

1000 S. KENWOOD AVE



512 8832		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 8832 Registered No.	
1. NAME OF DECEASED (Type or Print)		ROBERT THOMPSON		2. DATE OF DEATH Oct. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) 1516 E. Chase Street	
5. SEX Male		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. OATE OF BIRTH Sept 19, 1899		9. AGE (In years last birthday) 52		10. UNDER 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bald. Md	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Benjamin Thompson		14. MOTHER'S MAIOEN NAME Jennie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Josephine Beckham	
18. E902.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Bronchopneumonia DUE TO (B) Uremia due to fracture of femur and spine DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1516 E. Chase Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Oct. 19, 1951 11:10P. m.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input checked="" type="checkbox"/> AT WORK		21F. HOW OLD INJURY OCCUR? Jumped or fell from 3rd story window	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input checked="" type="checkbox"/>					
23A. SIGNATURE Stanley H. Smoother M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 10-13-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct 16/51		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) (State) A. A. County, Md		24E. FUNERAL DIRECTOR Mrs. Robert A. Elbert & Daughter		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR OCT 15 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Mrs. Robert A. Elbert & Daughter	
VS 151		N-805.2		780 99 1129 N. Caroline St 186a	

W. L. L.

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Wesley D. Huffington</b>		2. DATE OF DEATH <b>Oct 13, 1951</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>md</b> b. COUNTY _____			
b. FULL NAME OF (If not in hospital or institution, give street address or location) <b>1303 W. Cross St</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) <b>1303 W. Cross St 21-02</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>March 9-1878 73</b>	9. AGE (In years last birthday) <b>73</b>	10. Under 1 Year Months: _____ Days: _____
10a. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) <b>HAT BLOCER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HAT MFG</b>		11. BIRTH PLACE (State or foreign country) <b>BALT. Md</b>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <b>William O.</b>			
14. MOTHER'S MAIDEN NAME <b>Sarah L. Emich</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>			
16. SOCIAL SECURITY NO. <b>XIV-05-8783</b>		17. INFORMANT <b>Virginia M. Spellissy</b>			
18. <b>450.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.) <b>Generalized Arteriosclerosis.</b>		CAUSE OF DEATH (A) <b>Generalized Arteriosclerosis.</b> DUE TO <b>Osteitis deformans, benign prostatic hypertrophy, pyelonephrosis</b> (B) _____ DUE TO _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Feb. 26, 1946</b> , to <b>Oct. 13, 1951</b> , that I last saw the deceased alive on <b>Oct. 12, 1951</b> , and that death occurred at <b>8:50 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Scam A. Ruffop</b>		23b. ADDRESS <b>3030 Edmondson Ave.</b>		23c. DATE SIGNED <b>Oct. 14, 1951</b>	
24a. BURIAL, CREMA- TION, REMOVAL (Specify)		24b. DATE <b>Oct. 17, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Western Cym</b>	
24d. LOCATION (City, town, or county) (State) <b>Balto Md</b>		25. FUNERAL DIRECTOR <b>Walter B. M. Walters</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>3:55</b>		REGISTRAR'S SIGNATURE <b>William O. Williams, Jr.</b>		ADDRESS <b>6438E Pratt &amp; Cluckey St. 131a</b>	

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51 8834

BALTIMORE CITY HEALTH DEPARTMENT

51 8834

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		CHARLES J. PRESTI		2. DATE OF DEATH October 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 1026 Boyd Street 14-03	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 7-20-1898	9. AGE (In years last birthday) 53 ?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Flower salesman		10B. KIND OF BUSINESS OR INDUSTRY Retail-self		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME Vincent Presti				12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		(If yes, give war or dates of service) WWI		16. SOCIAL SECURITY NO.	
17. INFORMANT Vincent F. Presti-318 S. Smallwood St.				ADDRESS	

18. 422-1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

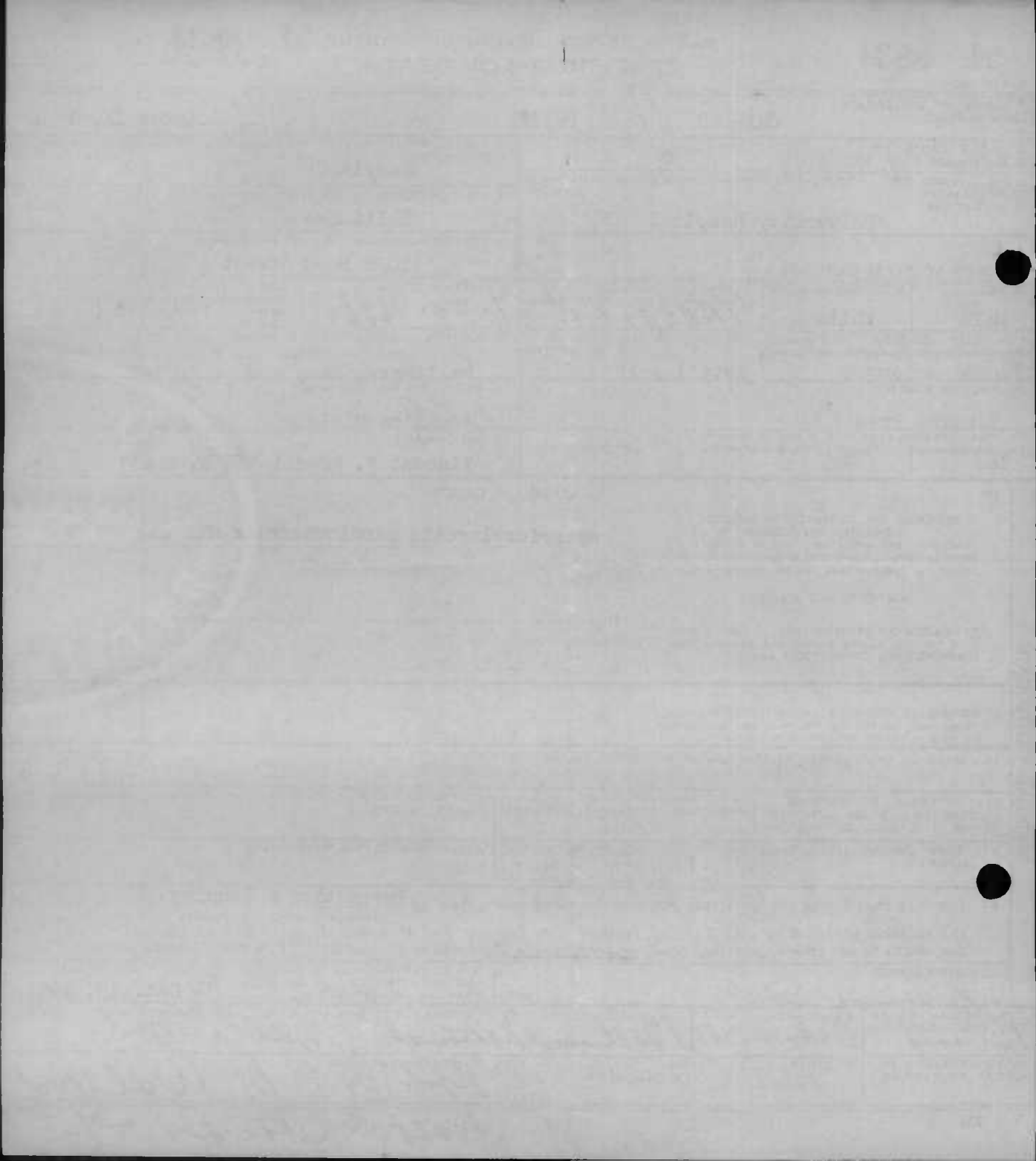
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William H. Walters	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Oct. 15, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct. 16 1951	24C. NAME OF CEMETERY OR CREMATORY Baltimore National	24D. LOCATION (City, town or county) (State) Baltimore Md 93D
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE John Williams, M.D.	25. FUNERAL DIRECTOR Hoff & B.M. Walters	

2906R Prathy &amp; Stricker





51 8835  
B-320BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8835  
Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Flora Estelle Bullock</b>			2. DATE OF DEATH <b>10-13-1951</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Windsor Rest Home</b> <b>3025 Windsor Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>73 Years</b>			D. STREET ADDRESS (If rural, give location) <b>3135 Gwynns Falls Parkway / 5-47</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 26, 1878</b>	9. AGE (In years last birthday) <b>73</b>	II Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-work</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>Md.</b>	
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME		
14. MOTHER'S MAIDEN NAME			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		
16. SOCIAL SECURITY NO. <b>none</b>			17. INFORMANT ADDRESS <b>Mr. A. Lewis Bullock 3135 Gwynns Falls Parkway</b>		
18. <b>443 x and 170 x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b> DUE TO <b>Hypertensive Cardiovascular Dis. 20 yrs</b> INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(1) Carcinoma of Breast - operated 1947.</b> <b>(2) Fracture, neck of femur 1949</b>					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>			19B. MAJOR FINDINGS OF OPERATION <b>5 yrs</b> <b>2 yrs</b>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>June</b> , 1946, to <b>Oct. 13</b> , 1951, that I last saw the deceased alive on <b>Oct 13, 1951</b> and that death occurred at <b>2:30 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Walter Robinson</b>		23B. ADDRESS <b>2835 Gwynns Falls Pkwy</b>		23C. DATE SIGNED <b>10/14/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-16-1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR ADDRESS <b>G. Howard Strong 3207 W. North Ave.,</b>			

Dr. Robinson  
2835 European Falls Parkway

51 8836

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SARA M. PATZ

2. DATE  
OF  
DEATH

10-15-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

931 Brooks Lane

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Claron

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

9. AGE (In years last birthday) 66

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Rachael

17. INFORMANT

Paul Cordish-931 Brooks Lane

ADDRESS

18. 420.1

## CAUSE OF DEATH

Coronary Thrombosis

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO Coronary Thrombosis + Sclerosis

(B)

DUE TO

(C)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

36 hours

4 years ago.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1947 to Oct. 15, 1951, that I last saw the deceased alive on Oct. 14, 1951, and that death occurred at 8 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Louis E. Wice

M. D.

23B. ADDRESS

920 St. Paul

23C. DATE SIGNED

Oct. 15, '51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

10-16-51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Elberton, Ga

DATE RECEIVED BY LOCAL REGISTRAR

10/15/51

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewin 2100 Canton Pl

ADDRESS

Wes  
970 St Paul

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

B-455 51 8837		51 8837	
1. NAME OF DECEASED (Type or Print) <b>SAMUEL G. BHUMENFELD</b>		2. DATE OF DEATH <b>10-14-51</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>Md</b> B. COUNTY _____	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>7062 Surrey Drive</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>27-20</b>	
6. Length of stay in Baltimore <b>60</b> Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <b>7062 Surrey Drive</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>7/3</b>
9. AGE (In years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>merchant</b>	
11. BIRTHPLACE (State or foreign country) <b>Odessa</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <b>Abraham</b>		14. MOTHER'S MAIDEN NAME <b>Chia Faga</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>Edna Blumenfeld - same</b>		ADDRESS <b>same</b>	
18. <b>181X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of the urinary bladder</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Uremia</b>		DUE TO <b>Uremia</b>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>II</b>			
19A. DATE OF OPERATION <b>10-17-51</b>		19B. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Aug 28</b> , 19 <b>51</b> , to <b>Oct 14</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Oct 14</b> , 19 <b>51</b> , and that death occurred at <b>7:01</b> p. m., from the causes and on the date stated above.			
23A. SIGNATURE <b>Lewis B. Kemeich</b>		23B. ADDRESS <b>5416 Reisterstown Rd.</b>	
23C. DATE SIGNED <b>10/15/51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10-17-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Belmont</b>	24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>10/10/51</b>	REGISTRAR'S SIGNATURE <b>William H. ...</b>	25. FUNERAL DIRECTOR <b>Jack Lewis Inc 2100 Canton Rd</b>	
VS 150		29064	
		52 B	

MEDICAL CERTIFICATION

Kenneth  
5416 Reist Rd  
70 6568  
SU 3004  
2356 Annafelis Ave



51 8838

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8838

Registered No. \_\_\_\_\_

BIRTH NO. <u>W-553</u>			
1. NAME OF DECEASED (Type or Print) <u>Miss Leonore Wannenwetsch</u>		2. DATE OF DEATH <u>10/13/51</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bon Secours Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Towson</u> <u>5300</u>	
6. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <u>10 A.W. Burke Ave. Towson 4, Md.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>1-23-76</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Saleswoman</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Dept. Store</u>	9. AGE (In years last birthday) <u>75</u>
11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <u>Frederick Wannenwetsch</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Reinhardt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>213-10-5194</u>	
17. INFORMANT <u>Miss Mary Hortense Wannenwetsch</u>		ADDRESS <u>4402 Adelle Terrace, Balto., 29, Md.</u>	
18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Pulmonary Congestion</u> DUE TO <u>(A) Pulmonary Congestion</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Hypertensive Cardiovascular Disease</u> DUE TO <u>(B) Hypertensive Cardiovascular Disease</u>		_____	
(C) _____		_____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____			
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23A. SIGNATURE <u>Juan Mendez</u>		23B. ADDRESS <u>2025 W. Fayette</u>	
23C. DATE SIGNED <u>10-13-51</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>10/17/51</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Loudon Park Cem.</u>		24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 16 1951</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
FUNERAL DIRECTOR <u>Wm. J. Pickner &amp; Sons</u>		ADDRESS <u>937 Balto. Md.</u>	

MEDICAL CERTIFICATION

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51 8839

51 8839

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. H-2001. NAME OF DECEASED  
(Type or Print)

RUTHERFORD B. HEISE

2. DATE  
OF  
DEATH

10/12/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION602 W. 38<sup>th</sup> Street

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Supervisor

10B. KIND OF BUSINESS OR  
INDUSTRY

Baking Business

13. FATHER'S NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

Yes, no or unknown)

yes

Span. American

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Margaret Brooks

18.

578 X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A) Intestinal Hemorrhage  
(Etiology Unknown)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

24 hours

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11, 1951, to 10-12, 1951, that I last saw the  
deceased alive on 10-11, 1951, and that death occurred at 7:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

P. N. [Signature]

M. D.

23B. ADDRESS

11 E. Lane St

23C. DATE SIGNED

10/15/5124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/15/1951

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cemetery

24D. LOCATION (City, town, or county)

Woodlawn

(State)

Md.

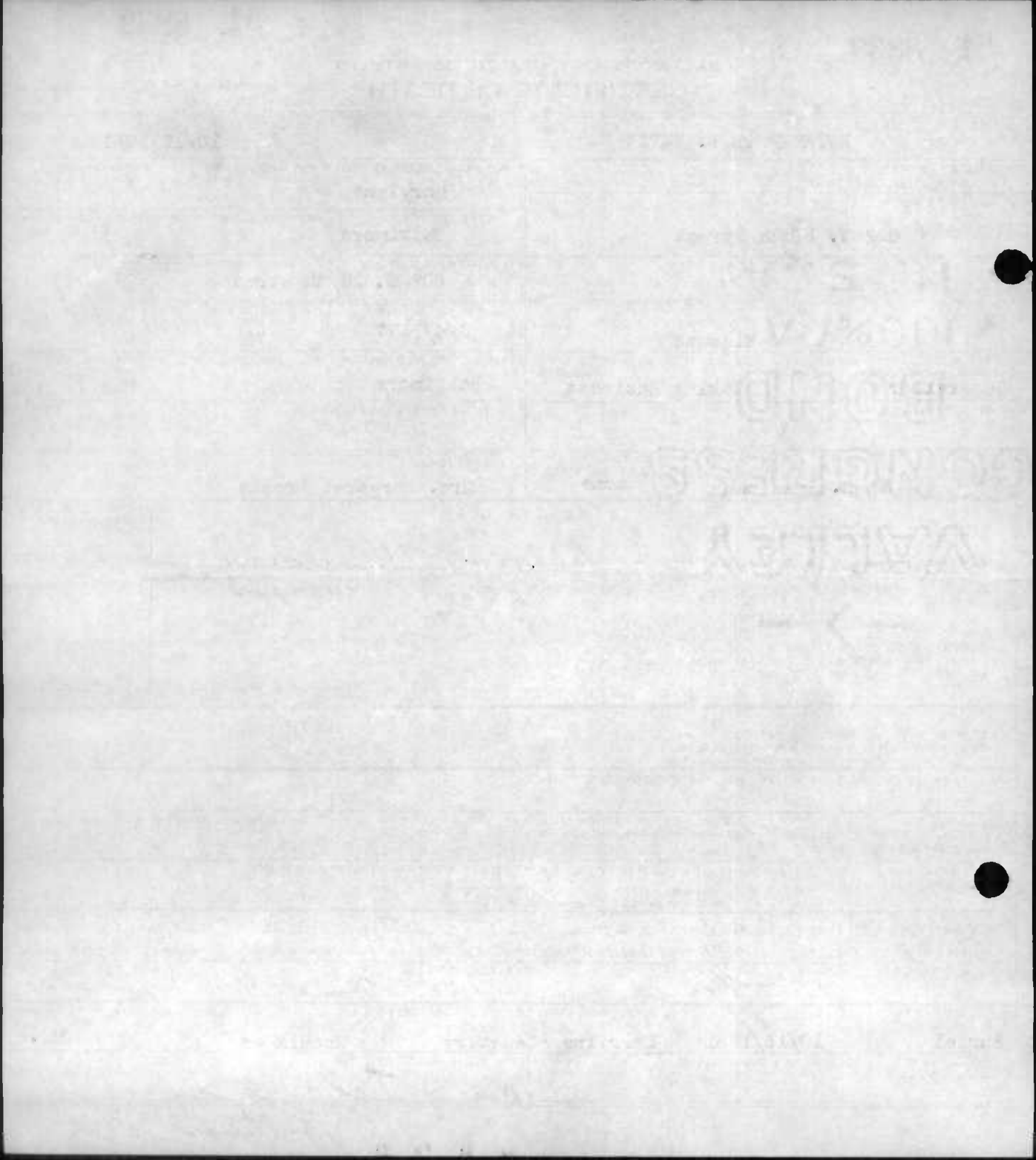
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tucker & Sons



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8840

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GEORGE Wilbert MCDONALD

2. DATE OF DEATH Oct. 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution : residence before admission)  
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

1720 N. Milton Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

1720 N. Milton Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

Jan. 16, 1890

9. AGE (In years last birthday)

61

10. Under 1 Year Months: Days 10. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Handyman

10B. KIND OF BUSINESS OR INDUSTRY

Paul Jones Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas McDonald

14. MOTHER'S MAIDEN NAME

Elizabeth Blakeney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

218-07-7721

17. INFORMANT 1720 N. Milton Avenue - 13

Mrs. Evelyn Mae McDonald

18. 4/22/1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ..... Arteriosclerotic cardiovascular disease  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) .....  
DUE TO  
(C) .....

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED  
Oct. 13, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

10/16/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

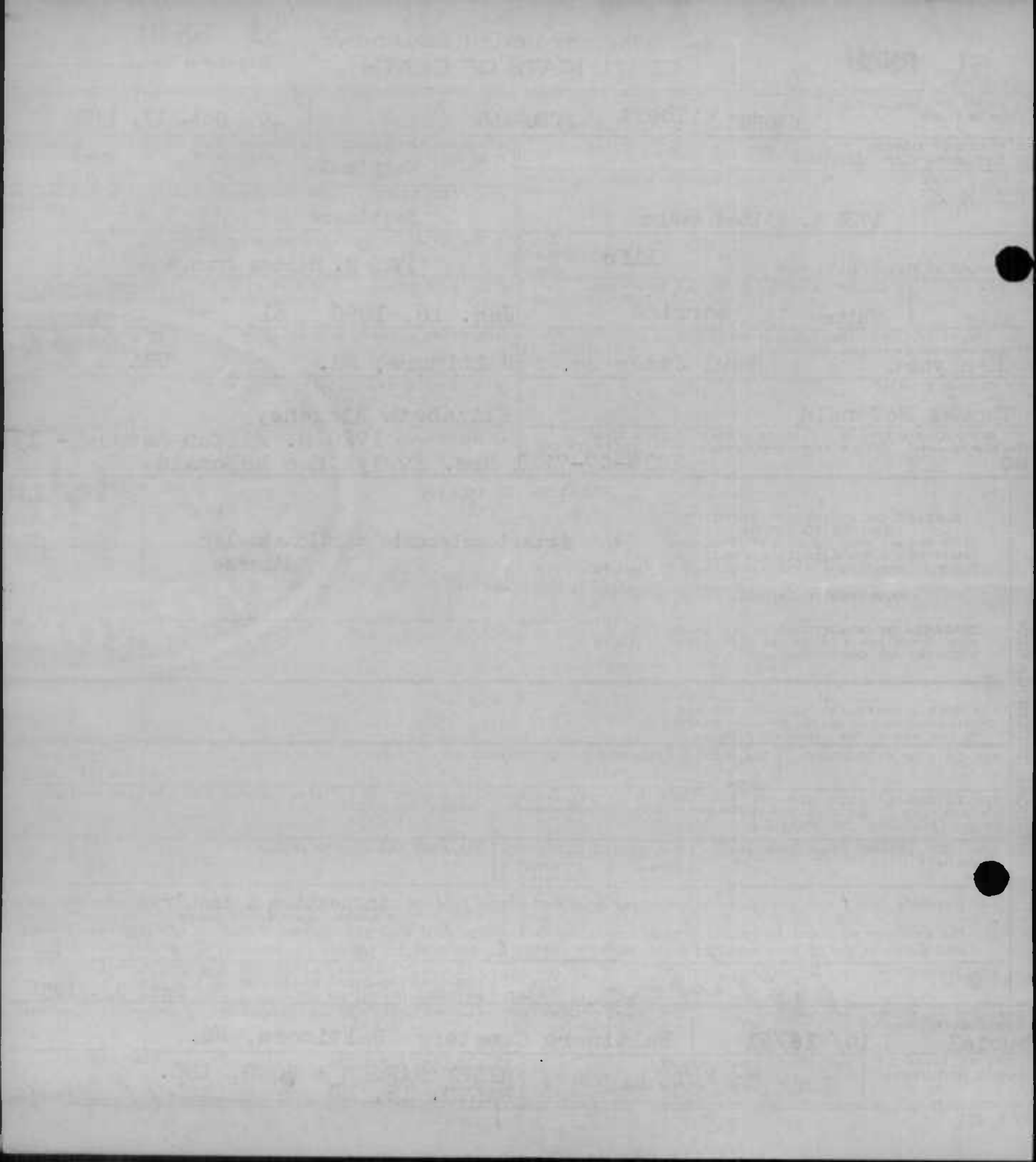
William Williams

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.  
BALTO. 13, MD

ADDRESS

Seig F. Sander



51 8841

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8841

Registered No.

BIRTH NO. L-320

1. NAME OF DECEASED  
(Type or Print)

DANIEL LUTZ

2. DATE  
OF  
DEATH

Oct. 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

7010 Harford Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

7010 Harford Road

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 18, 1882

9. AGE (In years  
last birthday)

69

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR  
INDUSTRY

Warehouse Terminal

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Lutz

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

212-10-5525

17. INFORMANT 7010 Harford Road

Mrs. Bertha Lutz

18. 4/20.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) .....

Cronay Thrombosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STAYING THE  
UNDERLYING CONDITION LAST.

(B) .....

Cronay Artery Disease

DUE TO

(C) .....

INTERVAL BETWEEN  
ONSET AND DEATH

7 hrs

7 yrs

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK22. I hereby certify that I attended the deceased from Oct 2, 1951, to Oct 13, 1951, that I last saw the deceased alive on Oct 12, 1951, and that death occurred at 12:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE

L. M. D. Bill M.D.

M. D.

23B. ADDRESS

1221 N. Lynn Ave

23C. DATE SIGNED

10/13/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/16/51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. M. D. Bill M.D.

25. FUNERAL DIRECTOR

HENRY SANDER &amp; SONS, INC.

ADDRESS

BALTO., 13, MD.



General Thompson

General (let to know)

at 12:00

12:00

at 12:00

12:00

51 8842

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8842  
Registered No.

BIRTH NO. S-350

1. NAME OF DECEASED (Type or Print) <b>JOHN R. STONE</b>		2. DATE OF DEATH <b>Oct. 13, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Balto.</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Agnes' Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Jones' Creek</b>	
Length of stay in Baltimore <b>About 16</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2236 Gross Ave Avenue</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>February 21, 1917</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Consdtd. Home Equip.</b>	9. AGE (In years last birthday) <b>34</b>
13. FATHER'S NAME <b>Chauncy R. Stone</b>		11. BIRTHPLACE (State or foreign country) <b>New York, N.Y.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes World War II</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Veronica Kenney</b>	
17. INFORMANT <b>Veronica Beckerich</b>		ADDRESS <b>356 157th St. N.Y. Bronx</b>	

18. <b>E816.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) - Craniocerebral injury</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES <b>(B)</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
<b>(C)</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>October 13, 1951</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Road</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Rt. 1-Guilford- Howard County, Md. 6300</b>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>October 13, 1951 2:45A.m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Auto &amp; tractor trailer collision</b>			
22. I certify that I took charge of the remains described above, held an <u>inspection &amp; inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>					
23A. SIGNATURE <i>Stanley H. Dineen</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Oct. 13, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10-17-1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>4300 Old Frederick Rd. Balto.</b>		

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Charles J. Gail</i>	25. FUNERAL DIRECTOR <i>Charles J. Gail</i>	ADDRESS <b>901 S. Conkling St.</b>
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VS 151

N-803.2

49066

170.C ✓

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YIP SHAT SUI

REF ID: A621

51 8843

51 8843

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Frank J. Helmetag		Oct. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
Baltimore Md.		Md.	
5. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
112 Burnett St.		Baltimore	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Yrs. Mos. Days		112 Burnett St.	
7. SEX	8. COLOR OR RACE	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH
male	white	widowed	May 12, 1884
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (In years last birthday)	
Iron Molder		67 yrs.	
13. FATHER'S NAME		14. BIRTHPLACE (State or foreign country)	
unknown		Baltimore Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
no		215-01-7162	
17. INFORMANT		ADDRESS	
Frank W. Helmetag		112 Burnett St.	

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Central Hemorrhage		2 days.	
ANTECEDENT CAUSES		(B) DUE TO		6 m o.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
---	--	------------------------	--	----------------------------------	--	---	--

21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
INJURY		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from 10/11/51, 1951, to 10/13, 1951, that I last saw the deceased alive on 10/13, 1951, and that death occurred at 6 A. M., from the causes and on the date stated above.

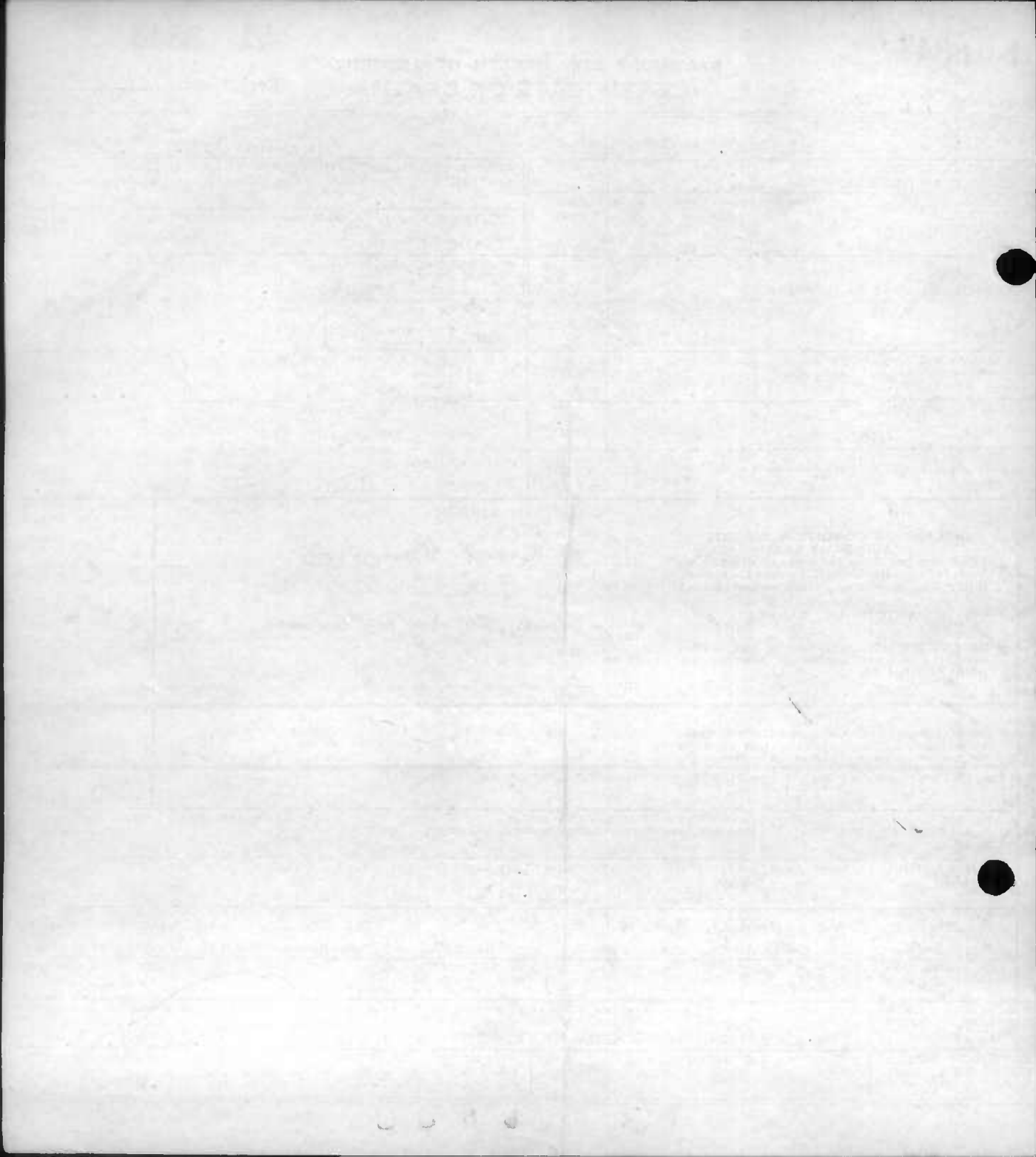
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
[Signature]		1229 Williams St.		10/15/51	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial		Oct. 16/51		Western Cemetery		Edmondson Ave. Balto. Md.	

DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
				KRAUSE FUNERAL HOME 12163 Charles St.	

56738 0 0 3 2

83a



51 8844

51 8844

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. S-451

1. NAME OF DECEASED  
(Type or Print)

Bernard C. Slimbach

2. DATE  
OF  
DEATH

10-14-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Sinai Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE Md.  
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Balto.D. STREET ADDRESS (If rural, give location)  
4308 La Salle Ave

26-01

E. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

June 29-1897

9. AGE (In years  
last birthday)

54

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR  
INDUSTRY11. BIRTHPLACE (State or foreign country)  
Baltimore, Md12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Slimbach

14. MOTHER'S MAIDEN NAME

Barbara Lineberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
Yes, no or unknown (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

212-05-5107

17. INFORMANT

Mrs Maria Slimbach 4308 La Salle

18. 527.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cor Pulmonale

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Chronic Emphysema

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-13, 1951, to 10-14, 1951, that I last saw the  
deceased alive on 10-14, 1951, and that death occurred at 7 PM, from the causes and on the date stated above.

23A. SIGNATURE

Jerome Realler

M. D.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

10-14-51

24A. BURIAL, CREMA-  
TION REMOVAL (Specify)

24B. DATE

10-14-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto Md

(State)

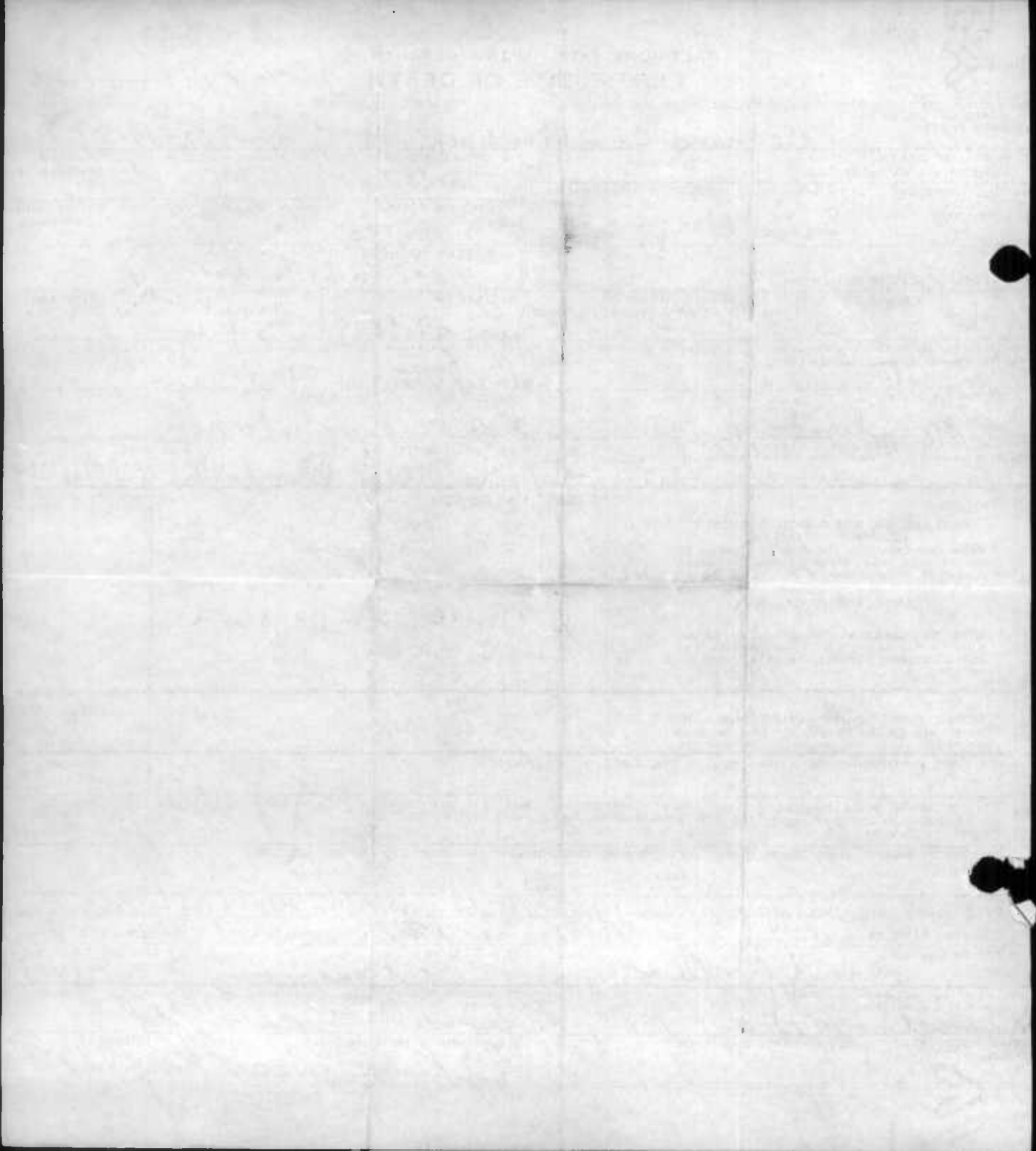
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

L.J. Luck 5305 Harford Rd





536  
1 8845BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8845

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Joseph Raymond Gonter</i>		2. DATE OF DEATH <i>10/13/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Howard</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13.</i>			
Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>3418 Juneway -</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Oct 11, 1943</i>	9. AGE (in years last birthday) <i>8</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Student</i>		10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Raymond Gonter</i>		14. MOTHER'S MAIDEN NAME <i>Wilma Harold Zavadil</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Father</i>		ADDRESS <i>same</i>	
18. <i>570.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Respiratory + circulatory collapse</i> DUE TO (B) <i>Generalized peritonitis</i> DUE TO (C) <i>Perforation of small bowel by ulceration</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>10/5/51 + 10/10/51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Triple intussusception of ileum</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <i>10/5/51</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/5</i> , 1951, to <i>10/13</i> , 1951, that I last saw the deceased alive on <i>10/13</i> , 1951, and that death occurred at <i>11:45</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John R. O'Connell Jr.</i>		23B. ADDRESS <i>Mercy Hospital</i>		23C. DATE SIGNED <i>10/13/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/16/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Trinity Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Howard County, Md.</i>		25. FUNERAL DIRECTOR <i>Schimunek Funeral Home, Inc.</i> <i>2601-3-5 E. Madison St.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 15 1951</i>		REGISTRAR'S SIGNATURE <i>William M. Williams</i>		ADDRESS	

93C

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 8846**

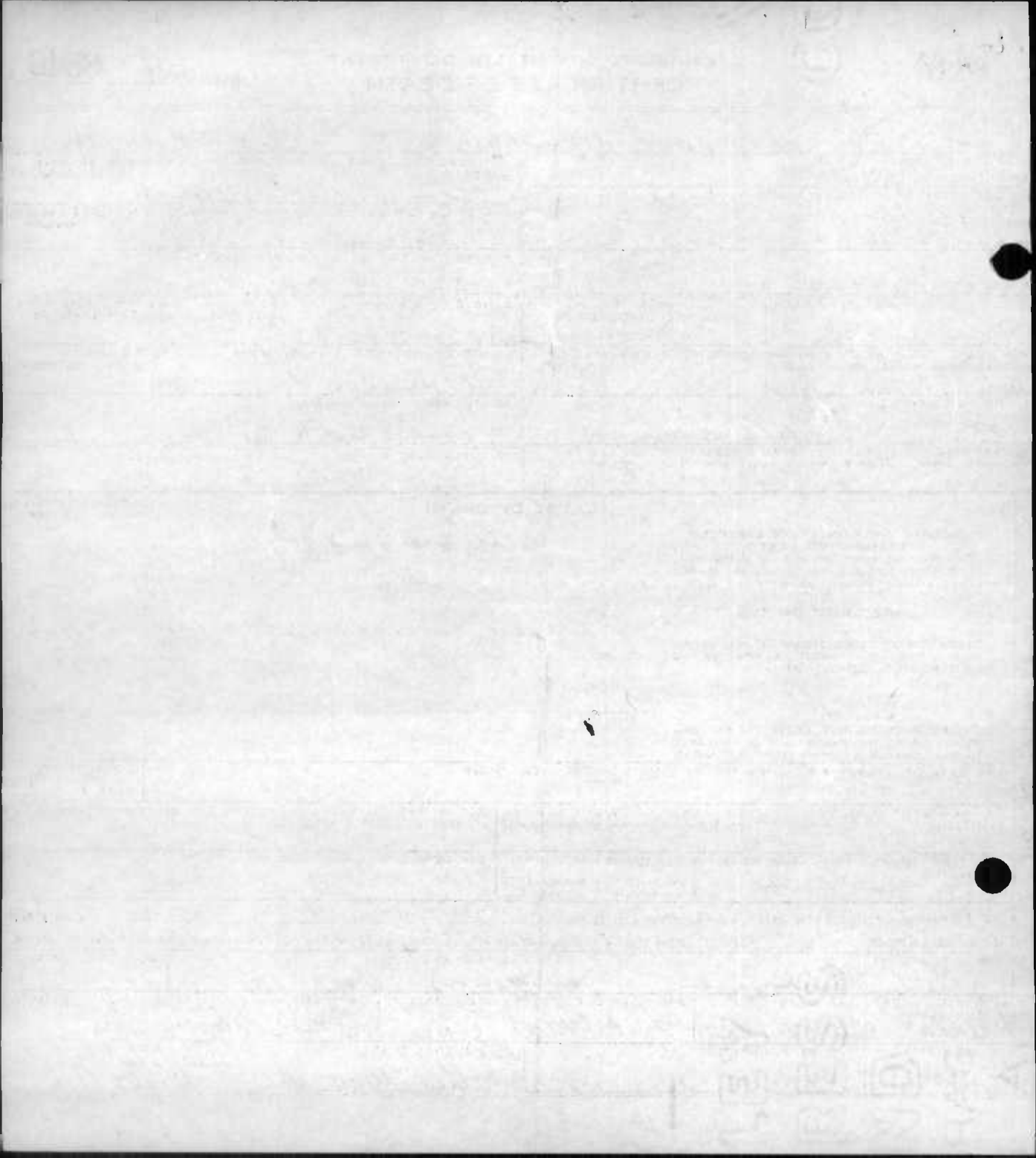
1. NAME OF DECEASED (Type or Print) <b>Frances Kent Atherton</b>		2. DATE OF DEATH <b>Oct. 14, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
5. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION <b>The Hospital for the Women of Maryland</b>		C. CITY OR TOWN <b>Baltimore</b> (If outside corporate limits, write RURAL and give township) <b>11-03</b>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>221 W. Madison St</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan 12, 1896</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Beauty Salon owner</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Beauty Salon</b>	9. AGE (In years, last birthday) <b>55</b>
13. FATHER'S NAME <b>Frank C. Atherton</b>		12. CITIZEN OF WHAT COUNTRY? <b>Maryland</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>Unknown</b>		14. MOTHER'S MAIDEN NAME <b>Thomasiak Barber</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Hospital Record</b>	

18. <b>592X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <b>U x e m i d</b>	INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
		(B) <b>Chronic glomerular nephritis</b>	<b>unknown</b>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **Sept 29, 1951** to **Oct 14, 1951**, that I last saw the deceased alive on **10/11, 1951**, and that death occurred at **1:30** m., from the causes and on the date stated above.

23A. SIGNATURE <b>R. L. Brown</b>		23B. ADDRESS <b>Womers Hospital</b>		23C. DATE SIGNED <b>10/14/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct. 17 1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cem</b>		24D. LOCATION (City, town, or county) (State) <b>Manassas town Va</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 15 1951</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Phyllis Lamoreau</b>		ADDRESS <b>4510 Regency Heights Ave</b>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 8847  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Laura A. Brim.</b>		2. DATE OF DEATH <b>Oct. 11, 1951.</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY			
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>168 W. Cross St.</b>		C. CITY OR TOWN <b>Baltimore</b> (If outside corporate limits, write RURAL and give township) <b>23-01</b>			
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>168 W. Cross St.</b>			
7. SEX <b>Female</b>	8. COLOR OR RACE <b>C</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married.</b>	10. DATE OF BIRTH <b>Sept. 12, 1913.</b>	11. AGE (In years last birthday) <b>38</b>	12. Under 1 Year Months: Days 13. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Factory Worker</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Kinston, N. C.</b>	
13. FATHER'S NAME <b>Unknown.</b>		14. MOTHER'S MAIDEN NAME <b>Aldephia Williams.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Thomas Brim. 168 Cross St.</b>	

18. <b>002 X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary Tuberculosis</b> DUE TO (A) <b>Pulmonary Tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C)		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-25-</b> , 19 <b>51</b> , to <b>10-10-</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-9-</b> , 19 <b>51</b> , and that death occurred at <b>4:40 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Thomas Brim</i>		23B. ADDRESS <b>103 W. Lafayette Ave.</b>		23C. DATE SIGNED <b>10-13-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 15, 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>mt. Auburn</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		24E. NAME OF CEMETERY OR CREMATORY <b>Baltimore, Md.</b>		24F. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 15 1951</b>		REGISTRAR'S SIGNATURE <i>Thomas Brim</i>		25. FUNERAL DIRECTOR <b>Mrs. Kate R. Williams</b>	
ADDRESS <b>322 N. Schweden</b>		ADDRESS <b>322 N. Schweden</b>		ADDRESS <b>322 N. Schweden</b>	

1947

October 1947

Mr. J. H. ...

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 8848**

**BIRTH NO.** 000  
**1. NAME OF DECEASED** (Type or Print) **STEPHEN RiHA Jr.** **2. DATE OF DEATH** **Oct 13, 1951**

**3. PLACE OF DEATH:**  
**A. Baltimore City, Maryland** **4. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
**A. STATE** **MD** **B. COUNTY** **Anne Arundel**

**B. FULL NAME OF** (If not in hospital or institution, give street address or location)  
**HOSPITAL OR INSTITUTE** **S. Balt. General** **C. CITY OR TOWN** (If outside corporate limits, write RURAL and give township)  
**Baltimore Rural**

**D. STREET ADDRESS** (If rural, give location)  
**712 RIVERVIEW Rd.**  
**length of stay in Baltimore** **Yrs.** **Mos.** **Days**

**5. SEX** **M** **6. COLOR OR RACE** **W** **7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify)  
**8. DATE OF BIRTH** **7-21-1909** **9. AGE** (In years last birthday) **42** **If Under 1 Year** **Months** **Days** **If Under 24 Hours** **Hours** **Min.**

**10A. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
**(CARPENTER)** **10B. KIND OF BUSINESS OR INDUSTRY**  
**11. BIRTHPLACE** (State or foreign country) **Baltimore** **12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME** **Stephen R.** **14. MOTHER'S MAIDEN NAME** **FRANCIS ?**

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no or unknown) (If yes, give war or dates of service)  
**YES.** **WW II** **16. SOCIAL SECURITY NO.** **17. INFORMANT** **TAMMY SAME** **ADDRESS**

**18. E 9000** **CAUSE OF DEATH** **INTERVAL BETWEEN ONSET AND DEATH**

**DISEASE OR CONDITION DIRECTLY LEADING TO DEATH**  
 (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
**(A) Fracture of Skull**  
**DUE TO Contusion of Brain**  
**ANTECEDENT CAUSES**  
**(B)**  
**DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.**  
**(C)**

**II**  
**OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

**19A. DATE OF OPERATION** **19B. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?**  
**YES** ☒ **NO** ☐

**21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.** **21B. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) **HOME** **21C. WHERE DID INJURY OCCUR?** (If in Baltimore City, give exact location)  
**212 Riverview Rd. 5200**  
**Baltimore, Md.**

**21D. TIME** (Month) (Day) (Year) (Hour) **Oct 13, 1951 5P.m.** **21E. INJURY OCCURRED** **21F. HOW DID INJURY OCCUR?**  
**WHILE AT WORK** ☐ **NOT WHILE AT WORK** ☒ **Fell down cellar steps to cellar floor**

**22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes** ☐ **accident** ☒ **suicide** ☐ **homicide** ☐ **undetermined** ☐.

**23A. SIGNATURE** **Stanley B. Dineen** **M.D.** **23B. CHIEF MEDICAL EXAMINER** **23C. DATE SIGNED**  
**ASSISTANT MEDICAL EXAMINER** **Oct 14, 1951**  
**MEDICAL INVESTIGATOR**

**24A. BURIAL, CREMATION, REMOVAL** (Specify) **24B. DATE** **10-16-51** **24C. NAME OF CEMETERY OR CREMATORY** **BALTO. NAT.** **24D. LOCATION** (City, town, or county) (State)  
**BALTO.**

**DATE RECEIVED BY LOCAL REGISTRAR** **10-11-51** **REGISTRAR'S SIGNATURE** **James L. Dineen** **25. FUNERAL DIRECTOR** **ADDRESS**

**VS 151** **N-803.2** **51024** **130 S. Front St.** **1862**



204

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UNITED STATES OF AMERICA

19

WILLIAM H. HARRIS, JR. - 1913 - 1918

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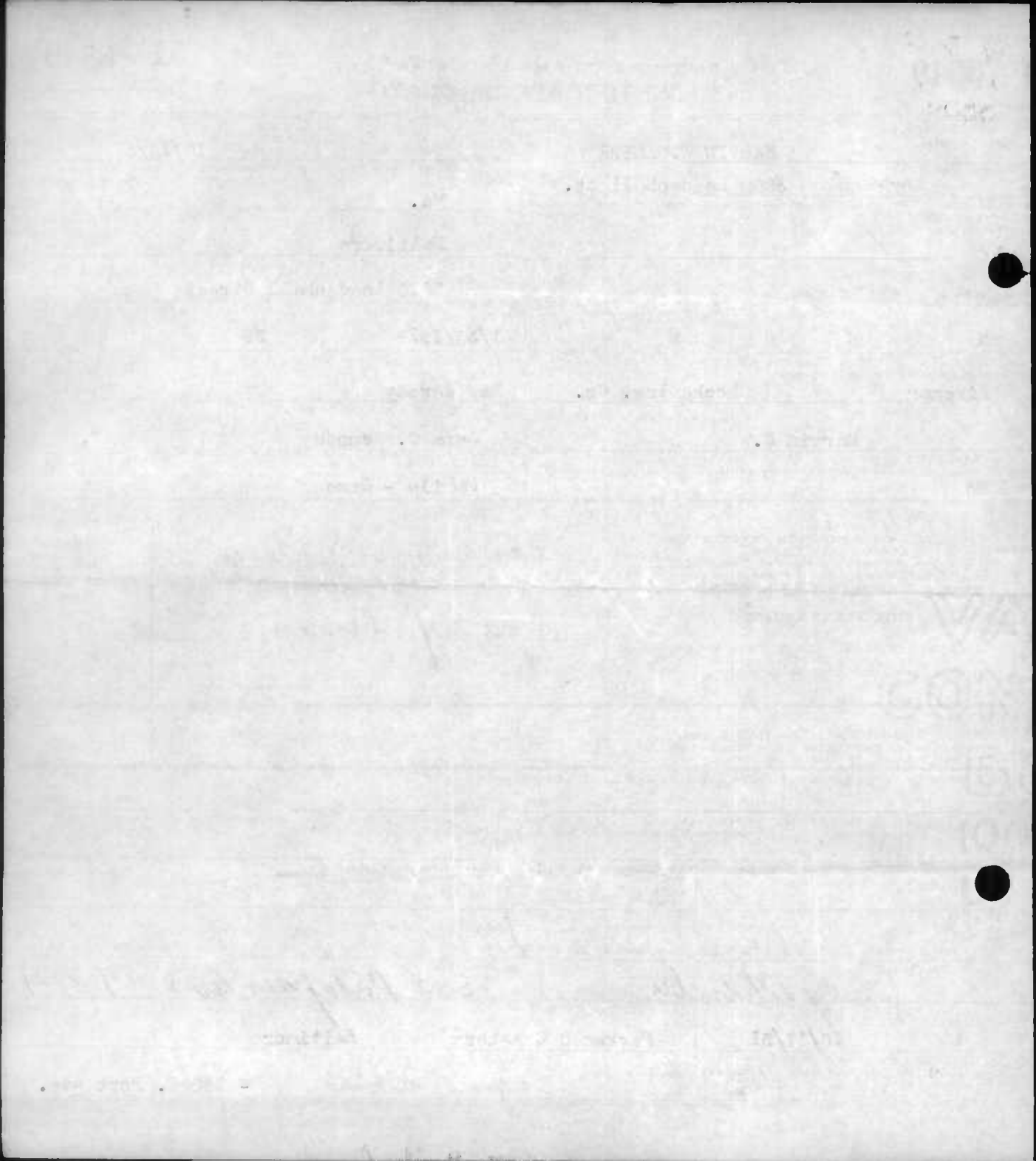
**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 8849

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MARVIN W. KLINE		10/14/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3800 Leadenhall St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3800 Leadenhall Street	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1/30/1912
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		10B. KIND OF BUSINESS OR INDUSTRY Locke Ins. Co.	9. AGE (In years last birthday) 39
11. BIRTHPLACE (State or foreign country) New Jersey		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Marvin H. Poncelet (insulator)		14. MOTHER'S MAIDEN NAME Anna C. Kennedy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Family - Same		ADDRESS	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO (A) <i>coronary arteriosclerosis</i> (B) <i>car. of bladder</i> (C) _____  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ (B) _____ (C) _____  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____ _____			INTERVAL BETWEEN ONSET AND DEATH _____ _____ _____
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June, 1951, to Oct, 1951, that I last saw the deceased alive on Oct 12, 1951, and that death occurred at m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Philip M. Kline</i>		23B. ADDRESS 302 Palmyra Ave	
23C. DATE SIGNED 10/15/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 10/17/51	
24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR OCT 15 1951		REGISTRAR'S SIGNATURE <i>Philip M. Kline</i>	
25. FUNERAL DIRECTOR <i>John E. Kelly</i>		ADDRESS * 130 E. Fort Ave.	

MEDICAL CERTIFICATION



# CERTIFICATE CORRECTED 10-15-1951

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 8850

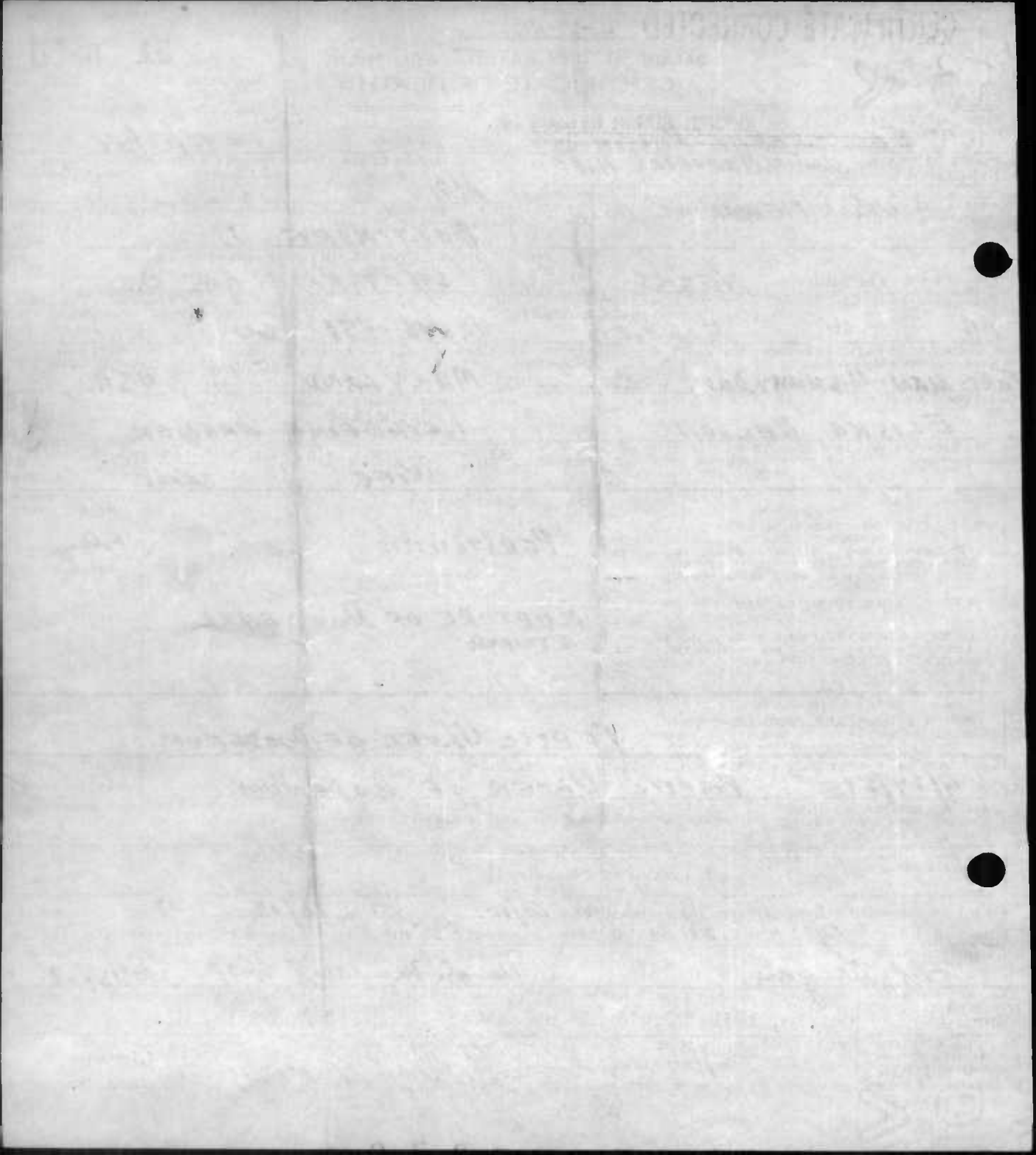
Registered No.

1. NAME OF DECEASED (Type or Print) <b>EDGAR KEENE NELSON SR.</b>		2. DATE OF DEATH <b>10/13/51</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland b. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSP.</b>		4. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission) a. STATE <b>MD</b> c. CITY OR TOWN <b>BALTIMORE 7.</b> d. STREET ADDRESS (If rural, give location) <b>6409 KRIEL AVE</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JAN 16, 1891</b>	
9. AGE (In years last birthday) <b>60</b>		10. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
11. BIRTHPLACE (State or foreign country) <b>MARYLAND, Carroll County</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
13. FATHER'S NAME <b>ELISHA NELSON</b>		14. MOTHER'S MAIDEN NAME <b>KATHERINE WAGNER</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>?</b>		16. SOCIAL SECURITY NO. <b>?</b>	
17. INFORMANT <b>Mrs. Lenora M. Nelson, 6409 Kriel Ave. WIFE</b>		18. ADDRESS <b>SAME</b>	

18. <b>541.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>PERITONITIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>RUPTURE OF DUODENAL STUMP.</b>		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>PEPTIC ULCER OF DUODENUM.</b>		

19A. DATE OF OPERATION <b>9/29/51</b>		19B. MAJOR FINDINGS OF OPERATION <b>PEPTIC ULCER OF DUODENUM.</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <input type="checkbox"/>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from <b>10/10</b> , 19 <b>51</b> , to <b>10/13</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10/13</b> , 19 <b>51</b> , and that death occurred at <b>7:35 a.m.</b> , from the causes and on the date stated above.		23A. SIGNATURE <b>Edgar Keene Nelson</b>		23B. ADDRESS <b>Union Memorial Hosp.</b>		23C. DATE SIGNED <b>10/13/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 16, 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Pikesville, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 15 1951</b>		REGISTRAR'S SIGNATURE <b>For William H. ...</b>		25. SANITARY DIRECTOR <b>William H. ...</b>		ADDRESS <b>4510 Liberty Heights Ave.</b>	



51 8851

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8851

BIRTH NO. 51-16376

1. NAME OF DECEASED (Type or Print) ELLEN L. FORD		2. DATE OF DEATH Oct. 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23-01	
D. STREET ADDRESS (If rural, give location) 930 S. Sharp Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 7/2/51
9. AGE (In years last birthday) 3		10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Zollie Junior Ford		14. MOTHER'S MAIDEN NAME Iola Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Iola Ford-930 Sharp Street		ADDRESS	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Aspiration of vomitus DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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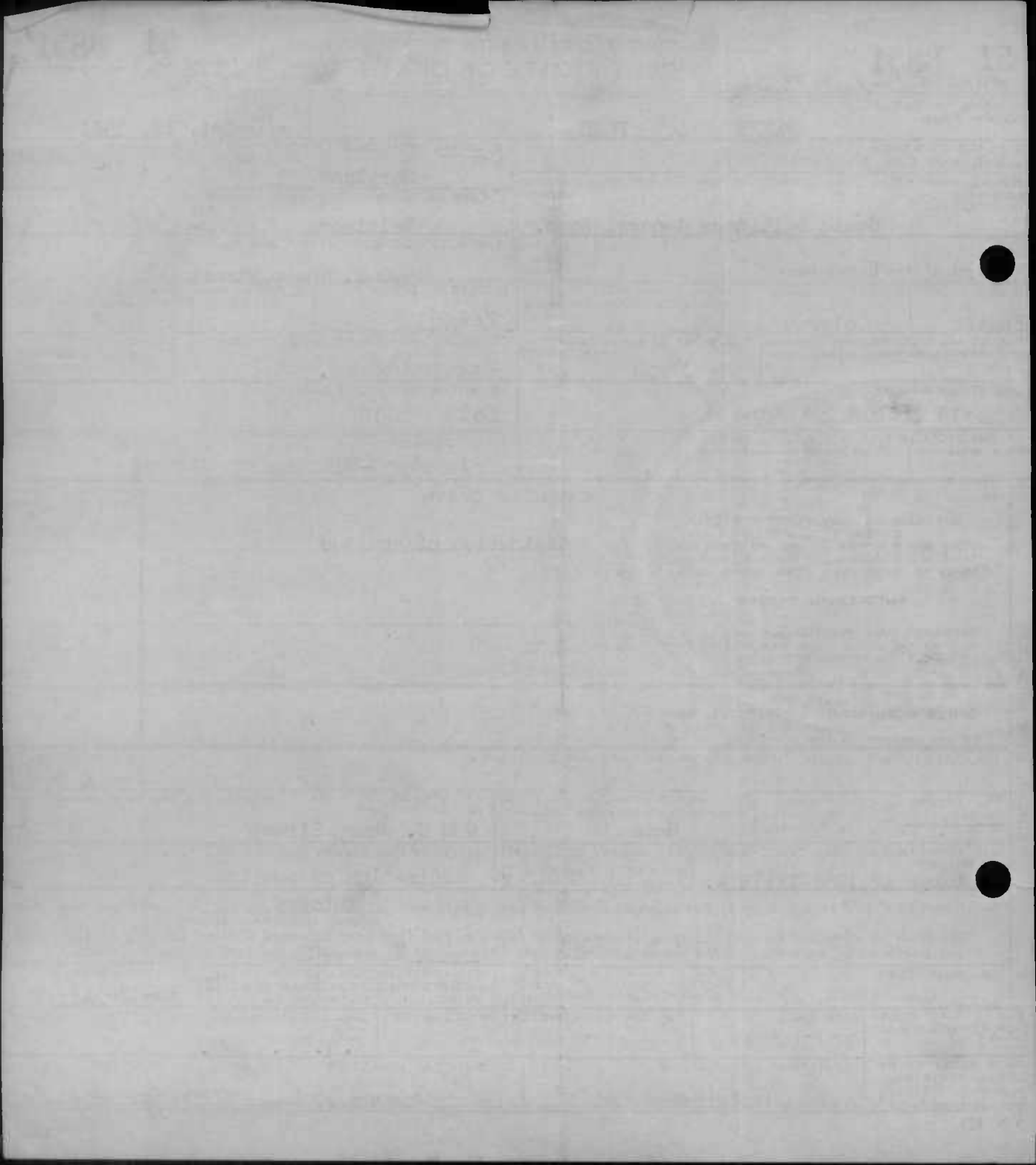
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 930 S. Sharp Street 23/1	
21D. TIME (Month) (Day) (Year) (Hour) INJURY October 12, 1951-11:15 AM		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Aspiration of vomitus	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Durlacher M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 10-13-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/15/51		24C. NAME OF CEMETERY OR CREMATORY Mount Calvary Ct	
24D. LOCATION (City, town, or county) A.A.CO., Md.		24E. FUNERAL DIRECTOR J. S. Brown & Son 108 W Montgomery St		24F. ADDRESS	

DATE RECEIVED BY LOCAL REGISTRAR OCT 15 1951		REGISTRAR'S SIGNATURE J. S. Williams M.D.		25. FUNERAL DIRECTOR J. S. Brown & Son 108 W Montgomery St	
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1951





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51 8852BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8852

1. NAME OF DECEASED (Type or Print) <b>Jesse Roy Lewis</b>		2. DATE OF DEATH <b>10/13/51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>1514 Division</b> B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b> C. Length of stay in Baltimore <b>23</b> Yrs. Mos. Days		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> C. CITY OR TOWN <b>Baltimore</b> (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) <b>409 Heaven St.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12/25/04</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) <b>46</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <b>Littleton N.C.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Joe L. Lewis</b>		14. MOTHER'S MAIDEN NAME <b>Preway Gilds</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

MEDICAL CERTIFICATION

18. <b>463X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Embolism</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Myocardial Infarction</b> DUE TO <b>Thrombophlebitis of legs</b> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <b>Cerebral Embolism</b> <b>Myocardial Infarction</b> <b>Thrombophlebitis of legs</b>		INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION <b>None</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>8/30</b> , 19 <b>51</b> to <b>10/13/51</b> , 19 <b>51</b> that I last saw the deceased alive on <b>10/13</b> , 19 <b>51</b> , and that death occurred at <b>8:28</b> a.m., from the causes and on the date stated above.				
23A. SIGNATURE <b>Dr. Marcus W. Moore Sr.</b>		23B. ADDRESS <b>238 N. Carey St.</b>		23C. DATE SIGNED <b>10/15/51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24B. DATE <b>10-16-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Littleton N.C.</b>
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR ADDRESS <b>Joseph B. Rock, Jr. 1304 N. Central Ave.</b>		

5790-10

10-10-10



540		Released by the Medical Examiner		BALTIMORE CITY HEALTH DEPARTMENT		51 8853	
51 8853		BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH			
Augusta Dorothy Knoll				Oct. 15, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				A. STATE Maryland			
C. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days				C. CITY OR TOWN Baltimore			
5. SEX Fe.				8. DATE OF BIRTH 1/10/65			
6. COLOR OR RACE White				9. AGE (In years last birthday) 86			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed				11. BIRTHPLACE (State or foreign country) Baltimore, Maryland			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Charles Seegar				14. MOTHER'S MAIDEN NAME Dorothy Gluy			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
17. INFORMANT Henry C. Knoll, 505 S. East Avenue				ADDRESS			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) E 903.0 CAUSE OF DEATH Hypostatic pneumonia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fracture of hip, right DUE TO CERTIFICATION APPROVED BY William H. [Signature] M. D. CHIEF OR ASST. MEDICAL EXAMINER.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION 0				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home			
21C. WHERE DID INJURY OCCUR? 505 S. East Avenue				21D. TIME (Month) (Day) (Year) (Hour) Sept. 5, 1951			
21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR? Slipped and Fell down in kitchen & floor			
22. I hereby certify that I attended the deceased from 9/5/1951 to 10/15/1951, that I last saw the deceased alive on 10/15/1951 and that death occurred at 12:10 AM from the causes and on the date stated above.							
23A. SIGNATURE B. J. [Signature] M. D.				23B. ADDRESS 1400 N. Caroline Street			
23C. DATE SIGNED 10/15/51							
24A. BURIAL, CREMATION, REMOVAL (Specify) burial				24B. DATE 10/18/51			
24C. NAME OF CEMETERY OR CREMATORY Jerusalem Cemetery				24D. LOCATION (City, town, or county) (State) Baltimore, Maryland			
DATE RECEIVED BY LOCAL REGISTRAR OCT 15 1951				REGISTRAR'S SIGNATURE [Signature]			
25. FUNERAL DIRECTOR 24m. Cook, Inc.				ADDRESS 1217 St. Paul Street			
VS 150				186a			

OFFICE OF THE  
SHERIFF  
COUNTY OF  
ALBERTA

IN REPLY TO YOUR LETTER OF

THE 14TH INSTANT, I HAVE

THE HONOURABLE

THE ATTORNEY GENERAL

THE DEPARTMENT OF JUSTICE

OTTAWA

THE 17TH INSTANT

THE 17TH INSTANT

THE 17TH INSTANT

653 51 8854		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 8854 Registered No.	
BIRTH NO. <i>Non Resident</i>					
1. NAME OF DECEASED (Type or Print) <i>Ruffin Thornton</i>		2. DATE OF DEATH <i>Oct. 14, '57</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>JOHNS HOPKINS HOSPITAL</i>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Florida</i> B. COUNTY <i>V-08</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Palatka - Bol 23 -</i>			
C. Length of stay in Baltimore <i>3 weeks -</i>		D. STREET ADDRESS (If rural, give location)			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Child</i>	8. DATE OF BIRTH <i>2-10-50</i>	9. AGE (In years last birthday) <i>1 yr.</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Florida -</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Ruffin Thornton -</i>		14. MOTHER'S MAIDEN NAME <i>Connie Tyler</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>2890</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Hand-Schüller-Christian's Disease</i>			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>no</i>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept. 21, 1957</i> to <i>Oct. 14, 1957</i> , that I last saw the deceased alive on <i>Oct. 14, 1957</i> , and that death occurred at <i>90</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Theodore H. Gauder</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>10/14/57</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removed</i>		24B. DATE <i>Oct. 14 - 51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>W. Cary Davis Funeral Home Palatka Fla</i>	
24D. LOCATION (City, town, or county) (State) <i>Palatka Fla</i>		25. FUNERAL DIRECTOR <i>Cary Davis</i>		ADDRESS <i>403-E-25th St Baltimore 18-Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 1 5 1957</i>		REGISTRAR'S SIGNATURE <i>Arthur J. Williams, M.D.</i>			

115

W. B. C. & Co.  
BOSTON  
MASS.

CONGESS

WALTER

Long



51 8855

CERTIFICATE CORRECTED 10-22-51

51 8855

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO. R-200

1. NAME OF DECEASED  
(Type or Print)

ANNA M.

MARY M. ROSS

2. DATE  
OF  
DEATH

10-12-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4607 BAYONNE AVE

50

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR INDUSTRY

HOME

13. FATHER'S NAME

JOSEPH BROSH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

11-9-1873

9. AGE (In years last birthday)

77

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

BOHEMIA

12. CITIZEN OF WHAT COUNTRY?

U. S. A

14. MOTHER'S MAIDEN NAME

NOT KNOWN

17. INFORMANT

ADDRESS

HELEN VAVRINA 4607 BAYONNE AVE

18. 420.1 I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

General Arterio Sclerosis

INTERVAL BETWEEN ONSET AND DEATH

2-3

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1-5, 1951, to Oct 12-51, that I last saw the deceased alive on Oct 10-51, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

10-16-51

OAK HILL

BALTA MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

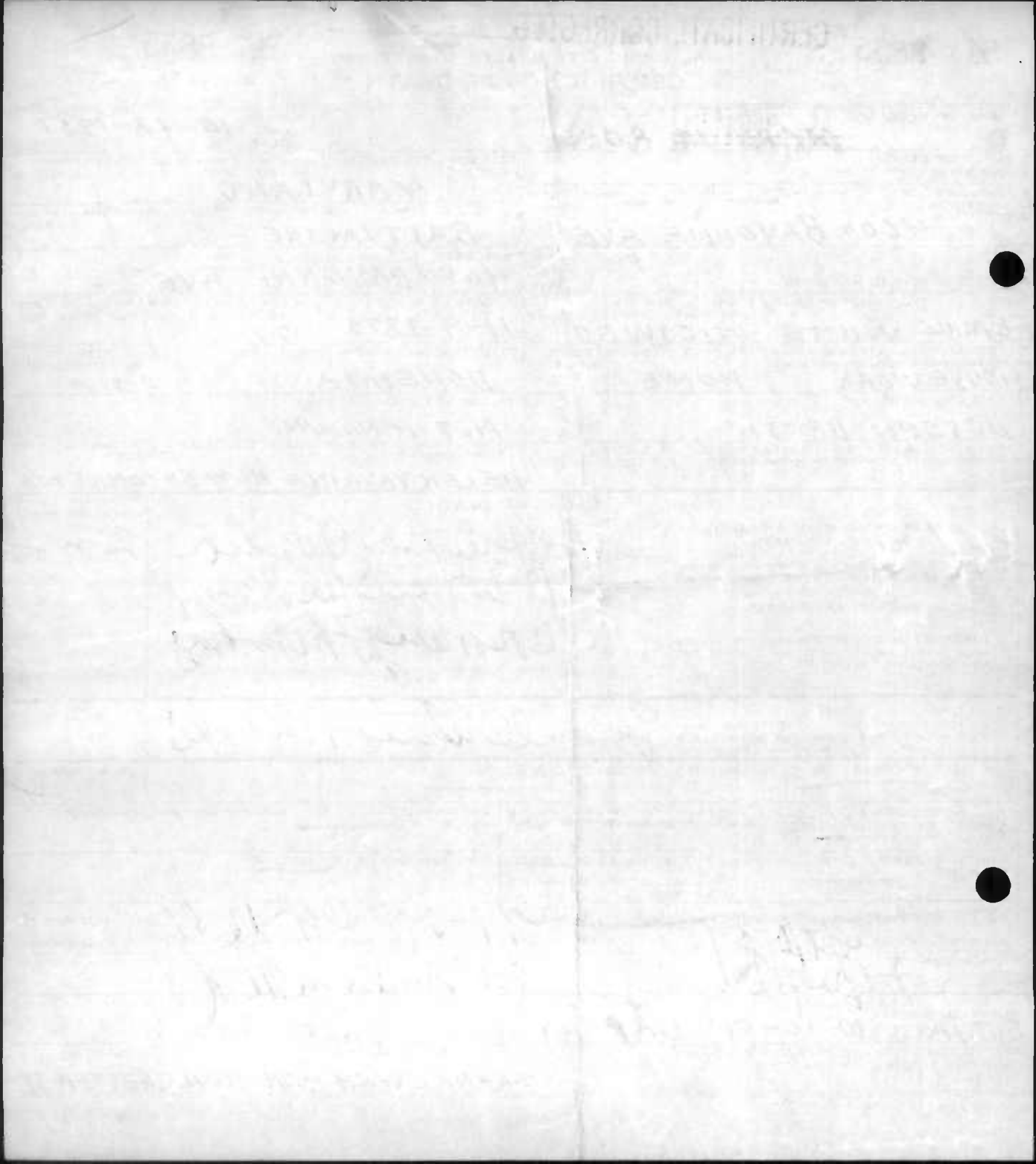
25. FUNERAL DIRECTOR

ADDRESS

OCT 16 1951

FRANK CVACH - SON 900 N. CHESTER ST





51 8856		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 8856 Registered No.	
BIRTH NO. 9240					
1. NAME OF DECEASED (Type or Print) <b>LAWRENCE BATES RUSSELL Jr.</b>				2. DATE OF DEATH <b>10-15-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>Kent</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSPITAL</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>CHESTERTOWN</b>	
D. STREET ADDRESS (If rural, give location) <b>1431</b>					
Length of stay in Baltimore <b>2 days</b>					
5. SEX <b>M.</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 26, 1894</b>	9. AGE (In years last birthday) <b>57</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AUTOMOBILE DEALER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>AUTOMOBILE</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>			13. FATHER'S NAME <b>LAWRENCE B. RUSSELL</b>		
14. MOTHER'S MAIDEN NAME <b>IOLA KENDALL</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Unknown Yes WW I</b>		
16. SOCIAL SECURITY NO. <b>Yes</b>			17. INFORMANT ADDRESS <b>Hospital Records</b>		
18. <b>241X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>BRONCHIAL ASTHMA</b> DUE TO INTERVAL BETWEEN ONSET AND DEATH <b>?</b>					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>ARTERIOSCLEROTIC HEART DISEASE</b>					
19A. DATE OF OPERATION <b>✓</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>OCT 14</b> , 19 <b>51</b> , to <b>OCT. 15</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>OCT. 15</b> , 19 <b>51</b> , and that death occurred at <b>8:20 P. M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Richard Beach</b>		23B. ADDRESS <b>Union Memorial Hospital</b>		23C. DATE SIGNED <b>10-15-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 18, 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Chester Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Chestertown Kent Md.</b>		25. FUNERAL DIRECTOR ADDRESS <b>J. Willis Wells - Chestertown, Md.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 16 1951</b>		REGISTRAR'S SIGNATURE <b>For [illegible]</b>			

MEDICAL CERTIFICATION

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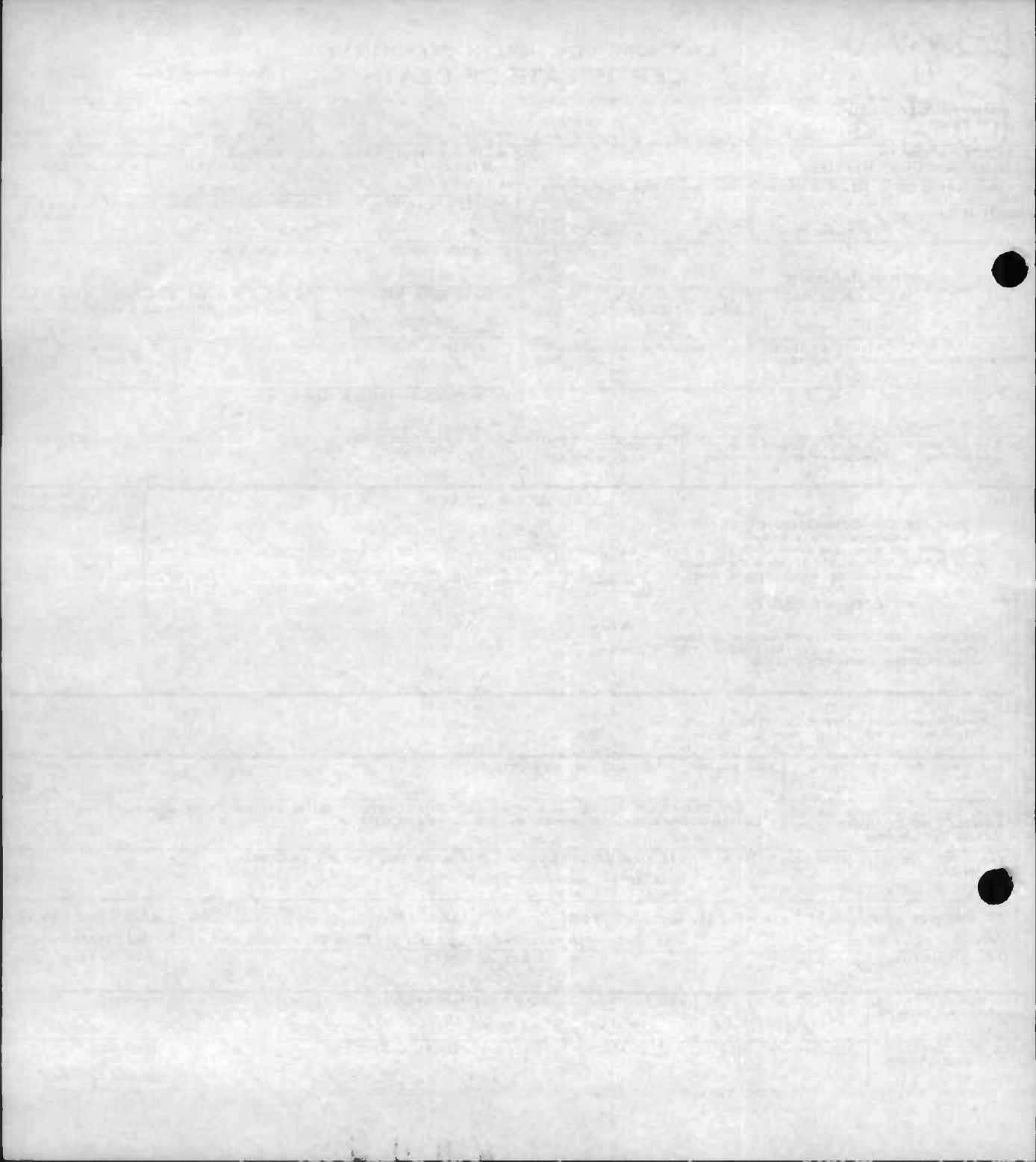
51 8857

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8857

Registered No.

BIRTH NO. 5142		2. DATE OF DEATH Oct. 15 1951	
1. NAME OF DECEASED (Type or Print) <u>Blanche CAPLES</u>			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>carroll</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Church Home + Hosp.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>West Minister</u>	
D. STREET ADDRESS (If rural, give location) <u>RFD 6</u>		5600	
Length of stay in Baltimore <u>10</u> Yrs. Mos. Days		8. DATE OF BIRTH <u>March 16, 1890</u>	
5. SEX <u>female</u>		9. AGE (In years last birthday) <u>61</u>	
6. COLOR OR RACE <u>white</u>		If Under 1 Year: Months: Days	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>md.</u>	
10B. KIND OF BUSINESS OR INDUSTRY <u>—</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>GOLCHAAT Jerome</u>		14. MOTHER'S MAIDEN NAME <u>Therese Jordan</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>Husband</u>		ADDRESS <u>as above</u>	
18. <u>420.0</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
(A) <u>arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
DUE TO <u>coronary atherosclerosis</u>			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(B) <u>obesity</u>			
(C) <u>—</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION <u>—</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 6, 1951</u> , to <u>Oct 15, 1951</u> ; that I last saw the deceased alive on <u>Oct 15, 1951</u> , and that death occurred at <u>6 p m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>W.D. Antonio</u>		23B. ADDRESS <u>Charles Henry &amp; Mary</u>	
M. D. <u>—</u>		23C. DATE SIGNED <u>10/15/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>10-18-1951</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>DEER PARK</u>		24D. LOCATION (City, town, or county) (State) <u>CARROLL Co. md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>CT 161951</u>		REGISTRAR'S SIGNATURE <u>—</u>	
25. FUNERAL DIRECTOR <u>G.M. Waltz</u>		ADDRESS <u>Winfield, md.</u>	



C-255  
51 8858BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8858

Registered No.

1. NAME OF DECEASED (Type or Print) REVEREND ABRAHAM CHASEMAN			2. DATE OF DEATH October 14, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 825 Whitelock Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore 13 yrs.			D. STREET ADDRESS (If rural, give location) 825 Whitelock Street 13-02		
7. SEX male	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	10. DATE OF BIRTH 1876	11. AGE (In years last birthday) 75	12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clergy			10B. KIND OF BUSINESS OR INDUSTRY Reverend		
11. BIRTHPLACE (State or foreign country) Lithuania			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Joseph Chaseman			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown			16. SOCIAL SECURITY NO.		
17. INFORMANT Miss Roze Chaseman-825 Whitelock Street			ADDRESS		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 154X I Carcinoma of rectum DUE TO INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO					
19A. DATE OF OPERATION 1949			19B. MAJOR FINDINGS OF OPERATION carcinoma rectum with liver metastases colostomy		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1948 to Oct 14, 1951, that I last saw the deceased alive on Oct 11, 1951, and that death occurred at 9:15 P. M., from the causes and on the date stated above.					
23A. SIGNATURE J. H. Williams M.D.			23B. ADDRESS 1804 Eutaw Place		23C. DATE SIGNED Oct 15, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/17/51		24C. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY LOCAL REGISTRAR OCT 16 1951		REGISTRAR'S SIGNATURE J. H. Williams, M.D.		FUNERAL DIRECTOR Sol. Levine & Bros - 1124-26 W. North Ave	

MEDICAL CERTIFICATION

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY:

JOHN B. LANE, PRINTERS

1901

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C-500  
51 8859BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8859  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Sam Cohen

2. DATE  
OF  
DEATH

10-14-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Sinai Hosp

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

34 Yrs

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sheet Metal Worker

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Hillel Cohen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Leonard Cohen 5319 Nelson Ave

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

## CAUSE OF DEATH

Myocardial infarction  
Coronary Occlusion  
Atherosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10-14-1951 to 10-14, 1951, that I last saw the deceased alive on 10-14, 1951, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Jerome Hoell

M. D.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

10-14-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct 17, 1951

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Mt Carmel Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Sol Lewenstein Bros

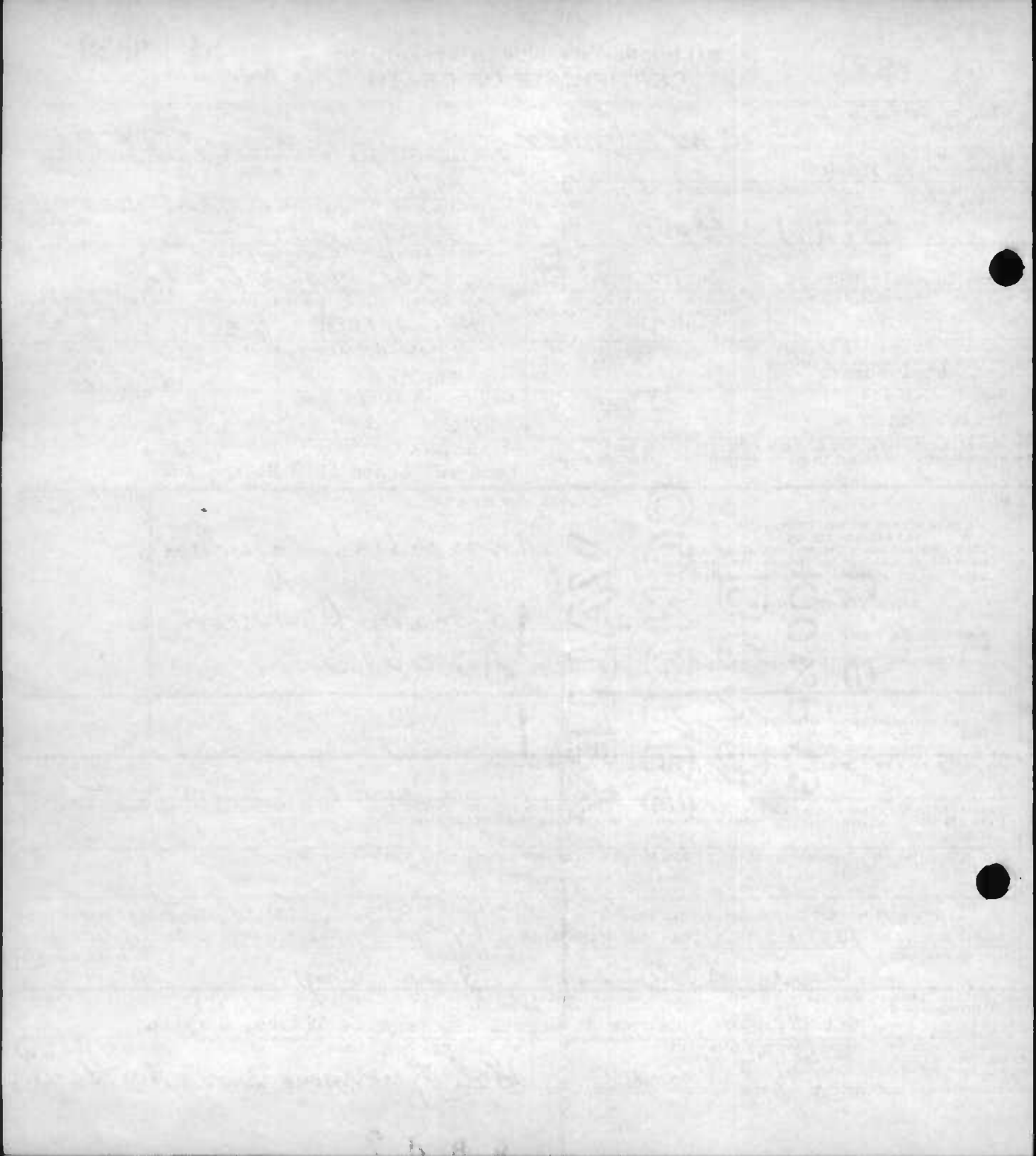
ADDRESS

1126W North Ave

VS 150

591 3E

93D



51 8860

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8860

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mr. George August Gebb

2. DATE  
OF  
DEATH

Oct. 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Joseph's Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR  
INDUSTRY

Builder

13. FATHER'S NAME

Conrad Gebb

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4419 Marble Rd.

8. DATE OF BIRTH

2/25/72

9. AGE (In years  
last birthday)

79

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Virginia Strevon

17. INFORMANT

ADDRESS

Lillian L. Gebb 4419 Marble Road

18.

5810 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Uremia

RUBOX

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Cirrhosis of liver

RUBOX

(C) Diabetes mellitus

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Obesity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORKNOT WHILE  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/28/1951 to 10/13/1951, that I last saw the  
deceased alive on 10/13/1951 and that death occurred at 6:22 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline Street.

10/13/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Oct. 16-1951

Parkwood Cemetery

Baltimore Maryland

DATE RECEIVED BY REGISTRAR'S SIGNATURE

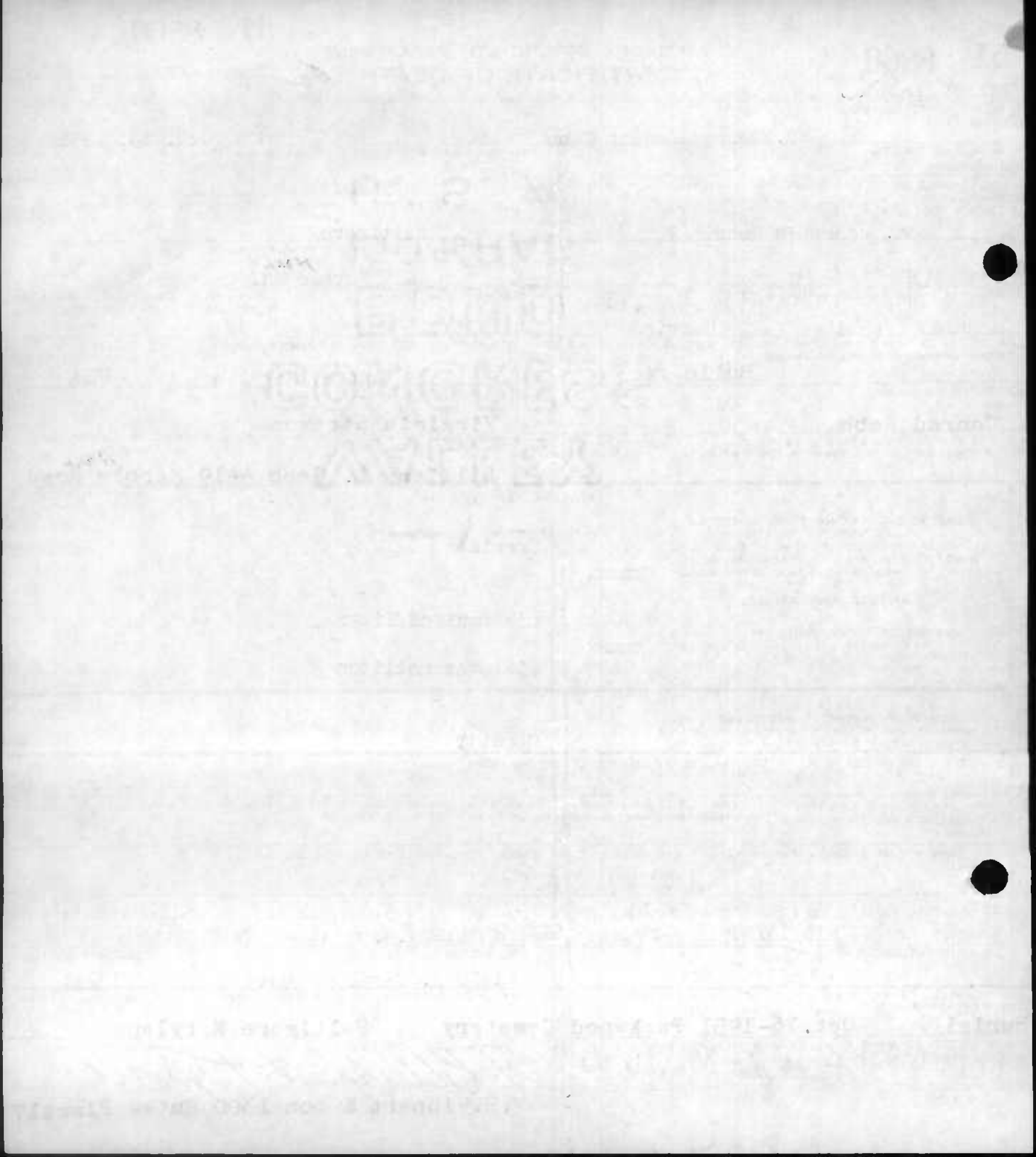
25. FUNERAL DIRECTOR

ADDRESS

OCT 16 1951

F. B. Wippert &amp; Son

F. B. Wippert &amp; Son



T- 460

51 8861

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8861  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Leubach Taylor

2. DATE  
OF  
DEATH

10-12-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2211- Druid Hill Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

Md.

City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

14-03

D. STREET ADDRESS (If rural, give location)

2211- Druid Hill Ave.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

F.

Col.

Married

8. DATE OF BIRTH

?-?-1895

9. AGE (In year-  
last birth day)

56

10. Under 1 Year 11. Under 24 Hours  
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Westmoreland Co. Va. W. S. A.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Arthur Bradley

14. MOTHER'S MAIDEN NAME

Elizabeth Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
Yes, (If unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

Leonard Taylor

ADDRESS

2211-  
Druid Hill

18. 443 X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Chronic myocarditis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Hypertensive cardiovascular disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1946, to 10-12, 1951, that I last saw the  
deceased alive on 9-30, 1951, and that death occurred at 1:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

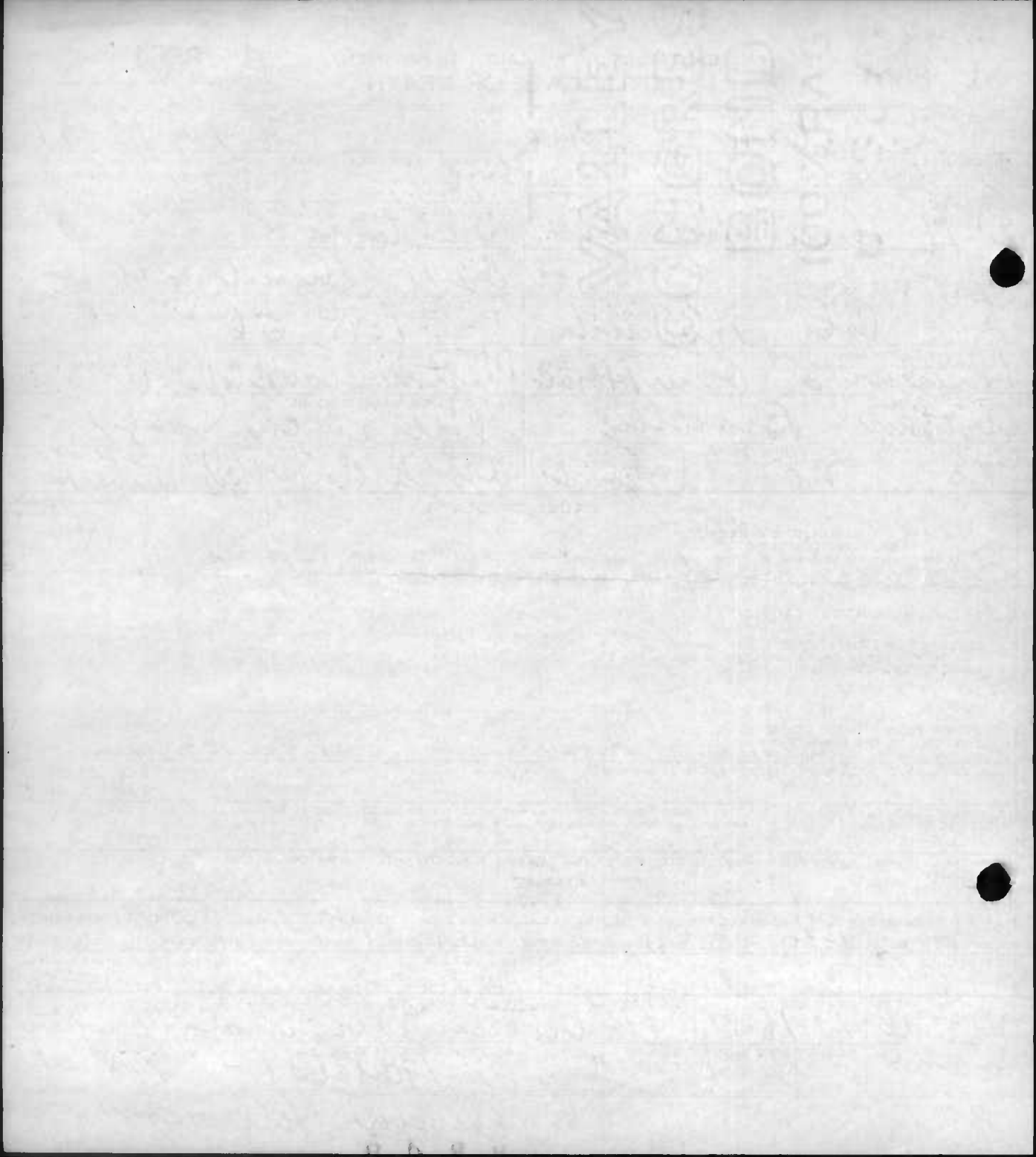
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Druid Hill Ave. 937



51 8852

51 8852

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. *D-523*1. NAME OF DECEASED  
(Type or Print)

CARLETON

DENNISTON

2. DATE  
OF  
DEATH

October 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

526 Oxford Street

17-02

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

?-?-1899

9. AGE (In years  
last birthday)

52

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR  
INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Margaret Smith - 526 Oxford St.

Address

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Durlacher

M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
Oct. 10, 195124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-16-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

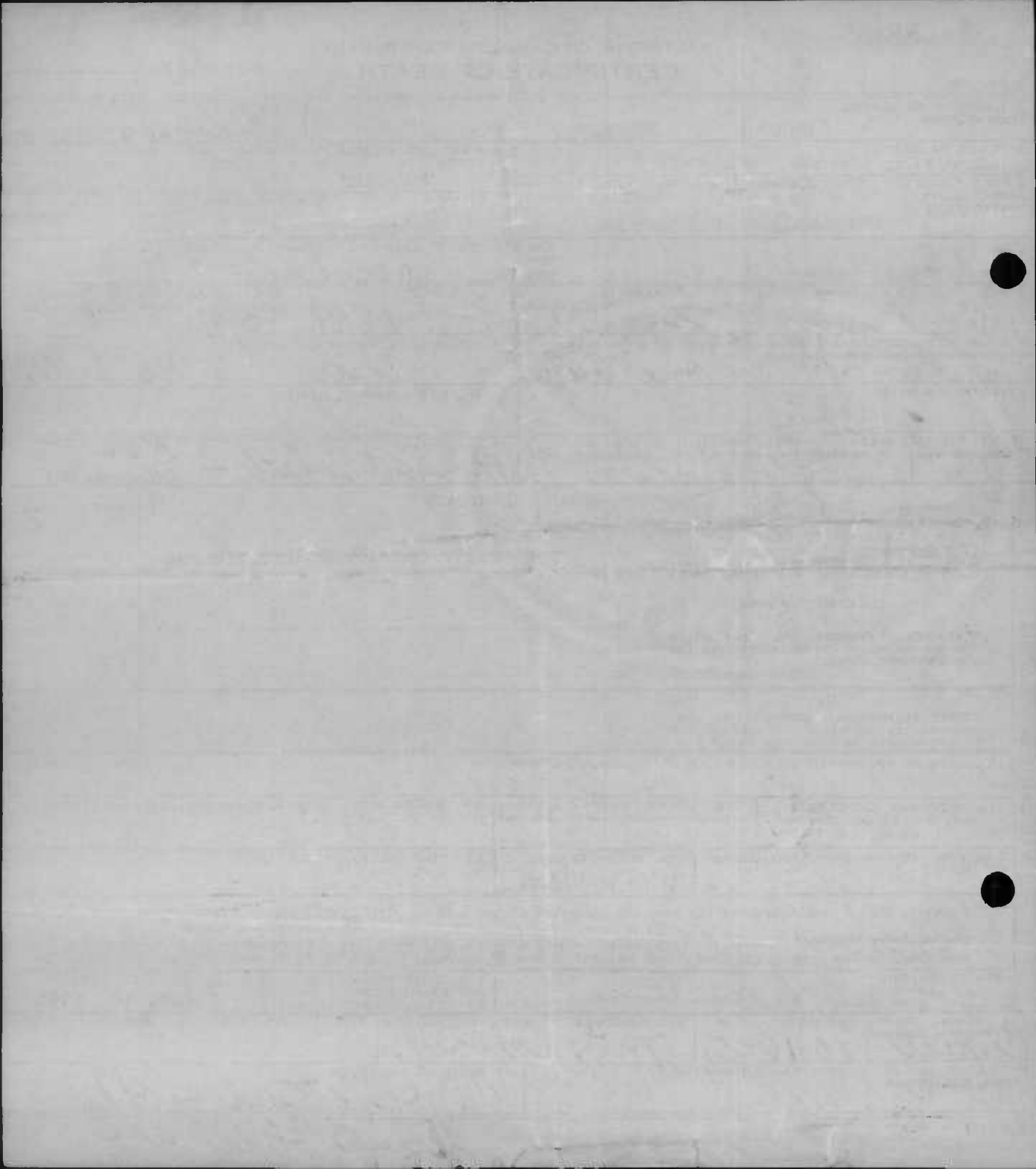
25. FUNERAL DIRECTOR

ADDRESS

A. Halstead - 918-

Hill Hill ave 937





51 8863  
U-541BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8863

Registered No.

1. NAME OF DECEASED (Type or Print) <b>WILLIAM H UMLAUFF</b>		2. DATE OF DEATH <b>Oct 14, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>3508 Chestnut Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Balto</b>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3508 Chestnut Ave.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 3, 1872</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housepainter</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>78</b>
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country) <b>Md.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Bathernie Umlauff 3508 Chestnut Ave.</b>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>(A) Cerebral Hemorrhage</b> DUE TO <b>Arteriosclerosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>5 days 1 yr.</b> ANTECEDENT CAUSES <b>(B) Cerebral sclerosis</b> DUE TO <b>Arteriosclerosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept. 3, 1951</b> to <b>Oct. 14, 1951</b> that I last saw the deceased alive on <b>Oct. 14, 1951</b> and that death occurred at <b>8 P.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Robert E. Schlegel</b>		23B. ADDRESS <b>1613 E. North Ave.</b>	
23C. DATE SIGNED <b>10-15-51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct 17, 1951</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore</b>		24D. LOCATION (City, town, or county) (State) <b>E. North Ave.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 16, 1951</b>		REGISTRAR'S SIGNATURE <b>Paul C. Schlegel</b>	
25. FUNERAL DIRECTOR <b>Paul C. Schlegel</b>		ADDRESS <b>3615-17 Chestnut Ave.</b>	

Dr. Lingewald

1613 E. North Ave.

51 8864

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8864

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>EDITH NELL LUMPKIN</b>			2. DATE OF DEATH <b>Oct. 13, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hood Nursing Home</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Rockdale</b>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>8314 Liberty Rd. 5300</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 31, 1876</b>	9. AGE (In years last birthday) <b>75</b>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>			11. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Robert Chambers</b>			14. MOTHER'S MAIDEN NAME <b>Sarah Carter</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT ADDRESS <b>Mrs. E. S. Yingling 8314 Liberty Rd.</b>		

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Arteriosclerosis</b>	CAUSE OF DEATH (A) <b>Cerebral Arteriosclerosis</b> DUE TO (B) <b>Senile Arteriosclerosis</b> DUE TO (C) <b>Chr. Degenerative C. V. S.</b>	INTERVAL BETWEEN ONSET AND DEATH <b>2 Mon</b>
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>None</b>		

19A. DATE OF OPERATION <b>10-6-51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10-6-51</b> to <b>10-13-51</b> , that I last saw the deceased alive on <b>10-13</b> , and that death occurred at <b>8:15</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>James M. Howell</b>		23B. ADDRESS <b>Calverville</b>		23C. DATE SIGNED <b>10-15</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/16/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>10-17-51</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams M.D.</b>		25. FUNERAL DIRECTOR <b>Wm. J. Tucker &amp; Sons</b> <b>Balto. Md. 937</b>	

COMPRESS

VALLEY

51 8865

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8865

Registered No.

BIRTH NO.

A-130

1. NAME OF DECEASED  
(Type or Print)

KATHERINE M. ABBOTT

2. OATE  
OF  
DEATH

Oct. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION Methodist Home for the Aged

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

Henry Glaser

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2211 W. Rogers Ave.

27-15

8. DATE OF BIRTH

Aug. 17, 1869

9. AGE (In years last birthday)

82

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Sarah Kappes

17. INFORMANT

ADDRESS

Mr. Harvey F. Abbott - 6313 Elinore Ave.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Acute Heart FAILURE

12 hours

ARTERIOSCLEROSIS

20 yrs.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. OATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIOENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct 1, 1951, to Oct. 13, 1951, that I last saw the deceased alive on Oct 13, 1951, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/17/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

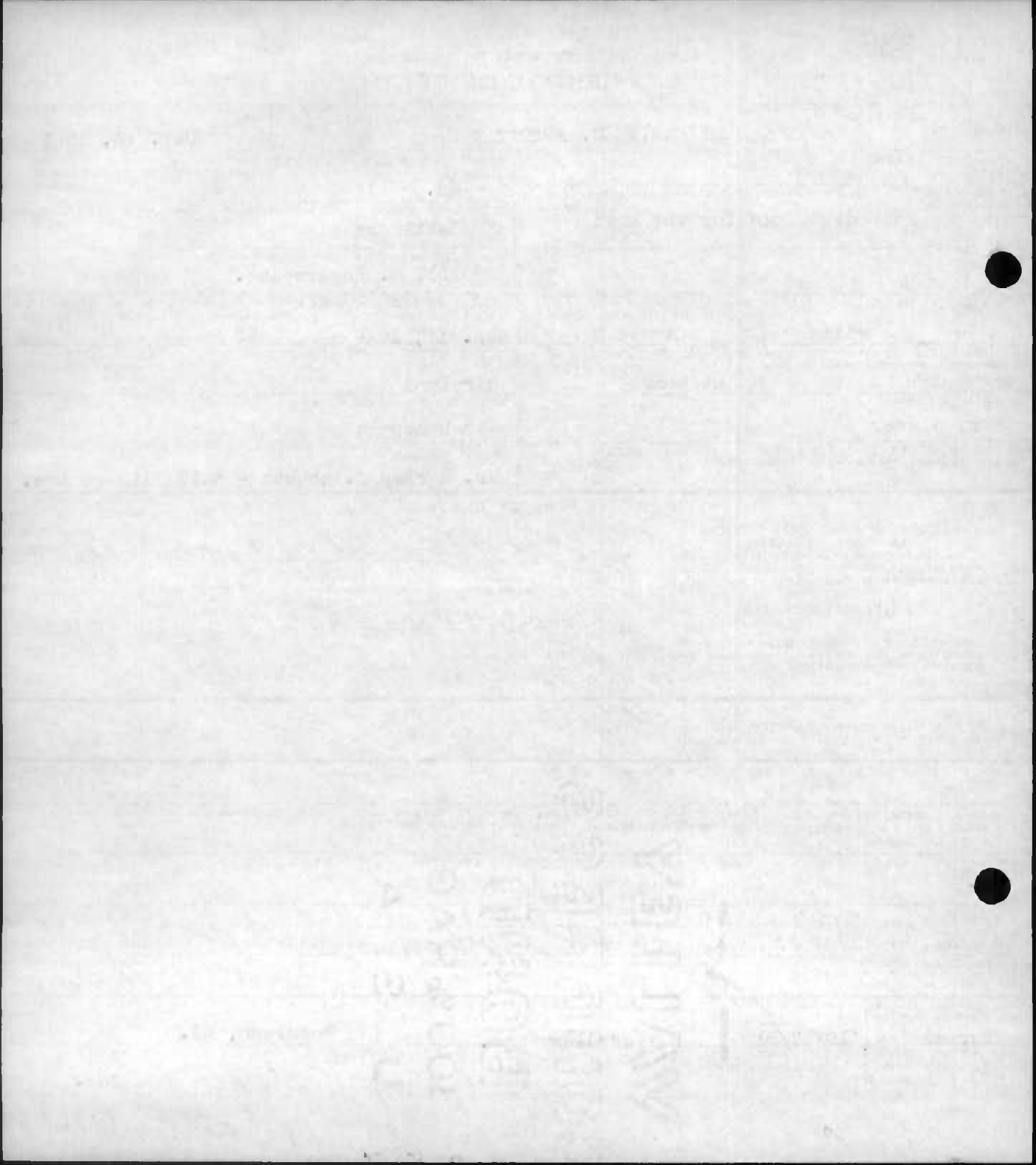
25. FUNERAL DIRECTOR

ADDRESS

OCT 16 1951

VS 150

26m. J. Ticker & Sons  
97 Balto., Md.





51 8866  
H-500BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8866  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>JOHN DUDLEY HEIM</b>		2. DATE OF DEATH <b>Oct. 14, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>South Baltimore General Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1632 Poplar Grove St.</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 29, 1912</b>
9. AGE (In years last birthday) <b>39</b>		10. UNDER 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Capt. Fishing Boat</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Emil Heim</b>		14. MOTHER'S MAIDEN NAME <b>Sarah C. Shirley</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>yes World War #2</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Cecelia A. Heim - 1632 Poplar Grove</b>		ADDRESS <b>St.</b>	
18. <b>410X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Coronary occlusion acute</b> DUE TO <b>Mitral Rheumatic C. V. Disease</b> DUE TO <b>Mitral Stenosis &amp; insufficiency</b> DUE TO <b>Antecedent Causes</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <b>10/14/51.</b> <b>years.</b>	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <b>17 Jan.</b> , 1951, to <b>14 Oct.</b> , 1951, that I last saw the deceased alive on <b>14 Oct.</b> , 1951, and that death occurred at <b>5:30 A.M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Joseph E. Muse Jr.</b>		23B. ADDRESS <b>5 West 29th St. (18)</b>	
23C. DATE SIGNED <b>15 Oct. '51.</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/17/51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 17 1951</b>		REGISTRAR'S SIGNATURE <b>Sam. J. Dickener &amp; Sons</b>	
VS 150		25. FUNERAL DIRECTOR <b>24055 923 Balto. Md.</b>	

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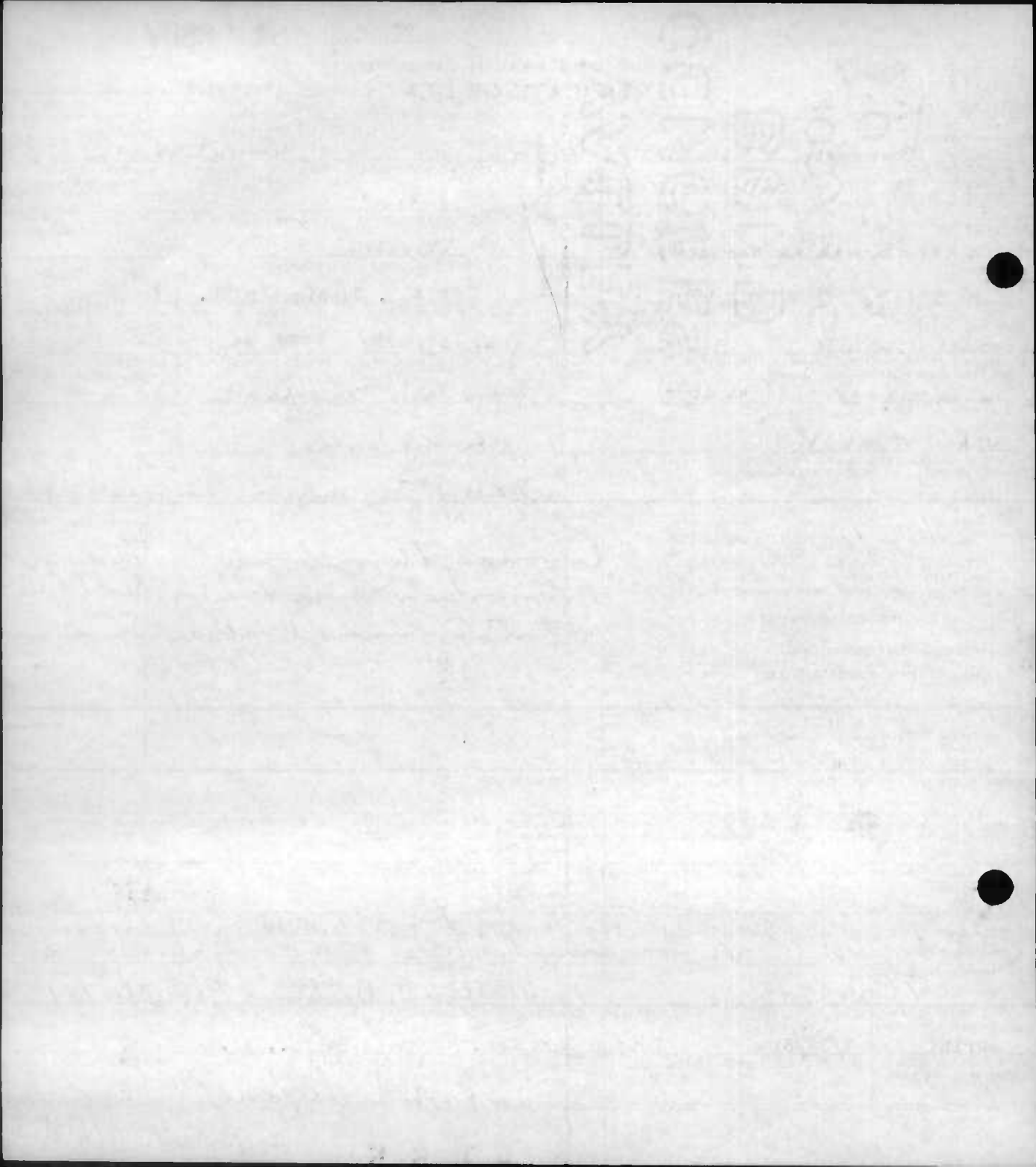
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51 8867

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

51 8867 BIRTH NO. K-514		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. _____	
1. NAME OF DECEASED (Type or Print) <u>Kimball, Miss Laura Ann</u>			2. DATE OF DEATH <u>Oct. 15, 1951</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <u>Baltimore, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Maryland</u> b. COUNTY _____		
b. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Home For Incurables - 700 W. 40th St.</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>64 yrs.</u>			d. STREET ADDRESS (If rural, give location) <u>814 N. Washington St.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 14, 1873</u>	9. AGE (in years last birthday) <u>78 yrs.</u>	10. Under 1 Year Months: _____ Days: _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>			11. BIRTHPLACE (State or foreign country) <u>Annapolis, Maryland</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>LeRoy Kimball</u>			14. MOTHER'S MAIDEN NAME <u>Annie Lamb</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>C. S. Ballermann, Home For Incurables</u>			ADDRESS <u>recovered</u>		
18. <u>4701</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary Thrombosis</u> DUE TO <u>Arteriosclerotic Cardio-Vasc. Dis.</u> <u>Arthritis Deformans.. Multiple joints</u> DUE TO <u>Several years</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>Several years</u> <u>Several years</u>		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug. 3</u> , 1951, to <u>Oct. 15</u> , 1951, that I last saw the deceased alive on <u>Oct. 15</u> , 1951, and that death occurred at <u>11:21</u> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <u>T. C. Wolf, M.D.</u>		23B. ADDRESS M. D. <u>11 E. Chase St. Baltimore 2 Md.</u>		23C. DATE SIGNED <u>10/15/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>8/18/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Loudon Park Cem.</u>	
24D. LOCATION (City, town, or county) <u>Balto., Md.</u>		24E. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY LOCAL REGISTRAR <u>10/17/51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR <u>Wm. J. Tiekner &amp; Sons</u>	
				ADDRESS <u>93c Balto., Md.</u>	



P-500  
51 8868BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 Registered No. 8868

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MAJOR

PAYNE

2. DATE  
OF  
DEATH

10-14-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Johns Hopkins Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

Male

Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unemp. Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Gen

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

819 N. Shuter Street

7-05

8. DATE OF BIRTH

July 7 1898

9. AGE (In years last birthday)

53

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTH PLACE (State or foreign country)

Va.

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

ADDRESS

Madeline Wildon

18. 353.3 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Essential epilepsy

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

Stanley H. Durlacher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

10-15-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

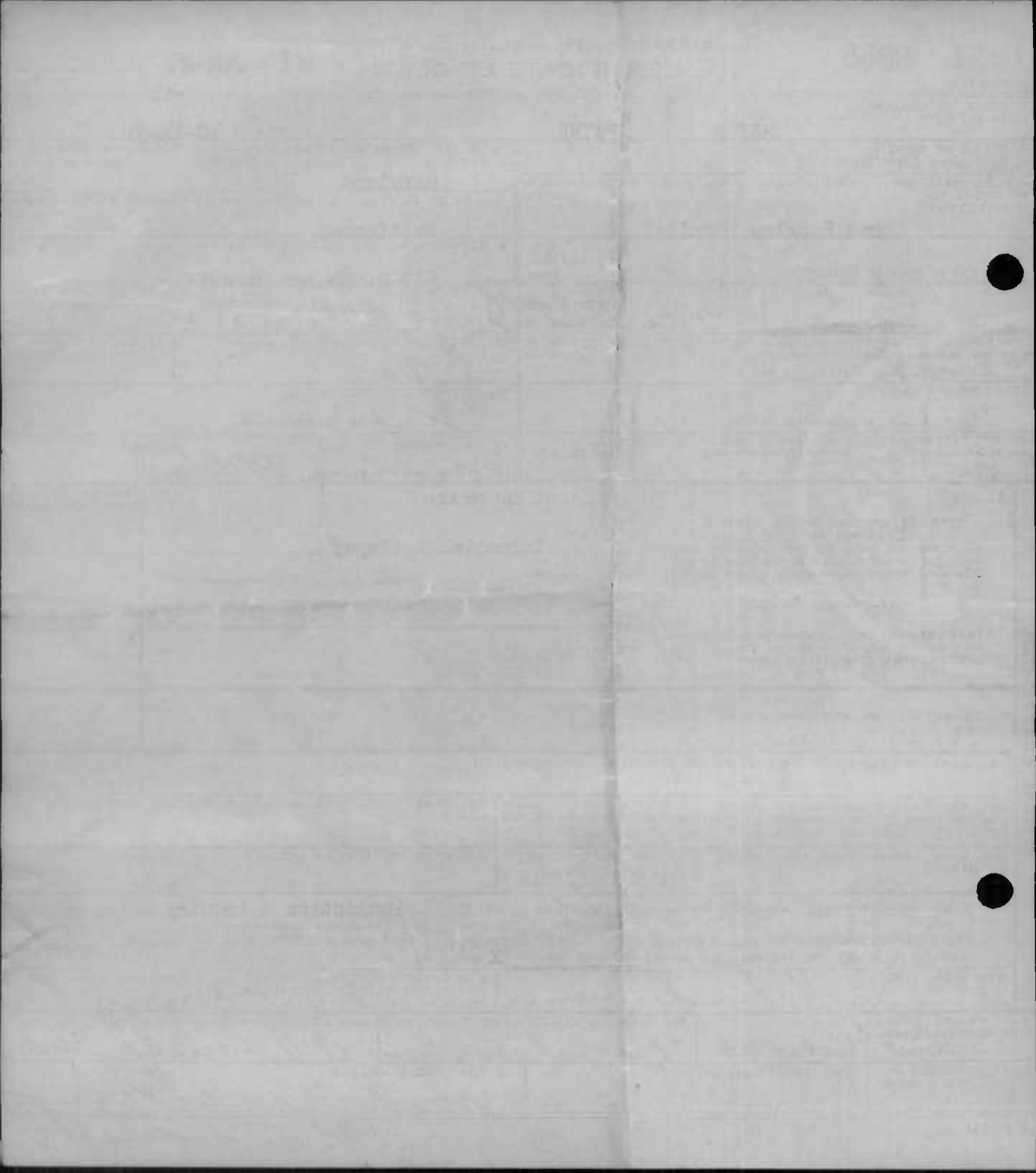
25. FUNERAL DIRECTOR

ADDRESS

VS 151

97099

1129 N. Guilford St



C-652  
51 8869BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8869

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Cornish, Lillian

2. DATE  
OF

DEATH October 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

St. Joseph's

Yrs.  
Mos.  
Days

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1200 Aisquith St.

c. Length of stay in Baltimore

5. SEX

F.

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 3, 1886

9. AGE (In years  
last birthday)

65

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Ida Snower 1129 N. Caroline St.

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral vascular accident

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 13, 1951, to October 15, 1951, that I last saw the  
deceased alive on Oct. 15, 1951, and that death occurred at 6:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 16 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

1129 N. Caroline St.  
93D



*[Faint, illegible text throughout the page, possibly bleed-through from the reverse side.]*

51 - 8870

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 - 8870

Registered No.

BIRTH NO. R. 452

1. NAME OF DECEASED (Type or Print) <b>CLAUDE S. REELING</b>			2. DATE OF DEATH <b>October 15, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>959 Stoll Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>959 Stoll Street</b>			5. LENGTH OF STAY IN BALTIMORE <b>50 years</b> Yrs. Mos. Days		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 10, 1878</b>		9. AGE (In years; last birthday) <b>73</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer Retired</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Pennsylvania R.R.</b>		11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			13. FATHER'S NAME <b>Unknown</b>		
14. MOTHER'S MAIDEN NAME <b>Unknown</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		
16. SOCIAL SECURITY NO. <b>717-07-8751</b>			17. INFORMANT ADDRESS <b>Mrs. Annie S. Reeling 959 Stoll Street</b>		

18. <b>4221</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b> DUE TO (A) ..... ANTECEDENT CAUSES (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .....		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

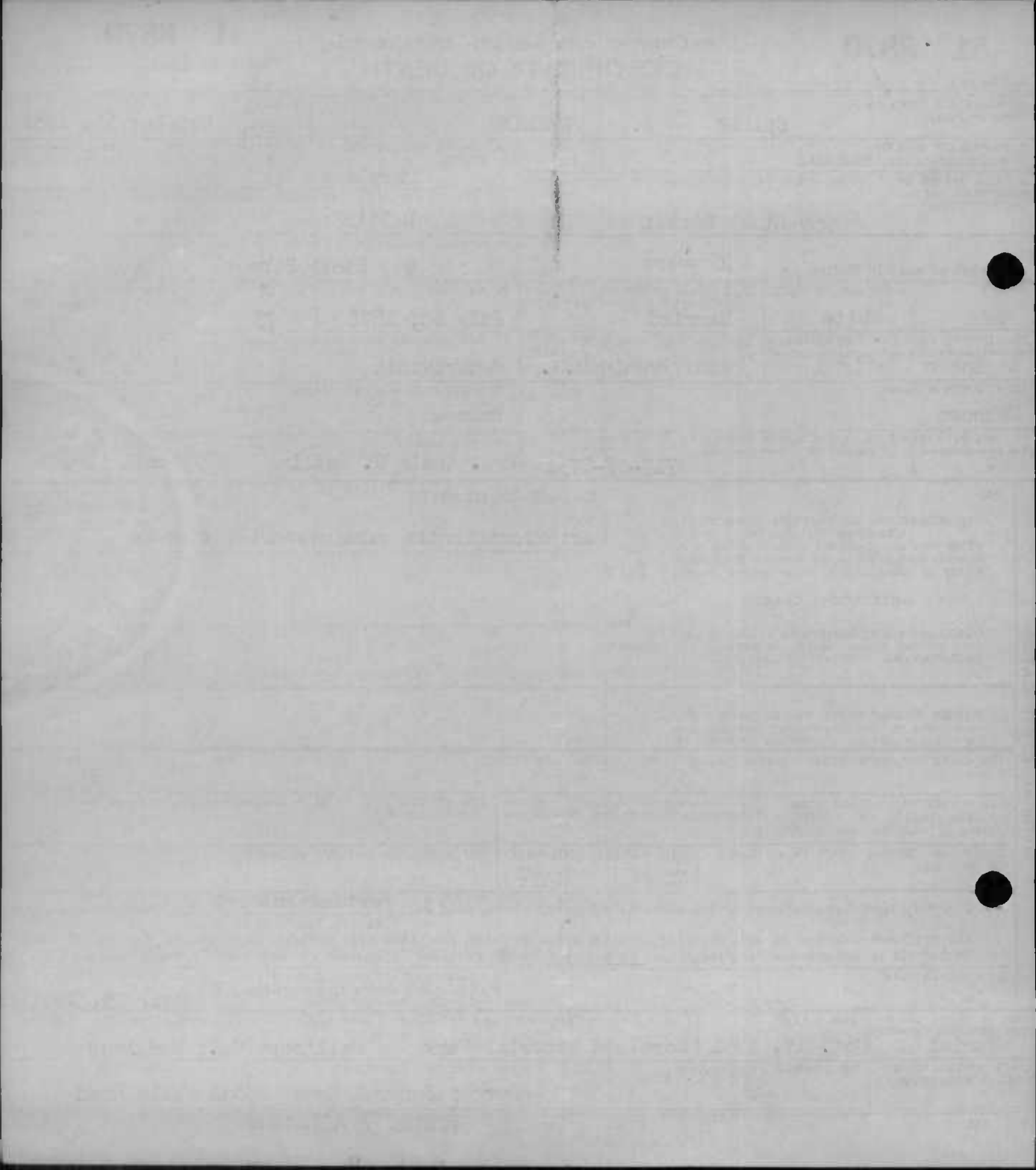
23A. SIGNATURE <i>William W. ...</i>	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED <b>Oct. 15, 1951</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct. 17, 1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Moreland Memorial Park</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Co., Maryland</b>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS <b>Burgee Funeral Home 3631 Falls Road</b>	

54150

Horace F. Burgee

93D ✓



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 8871  
Registered No.

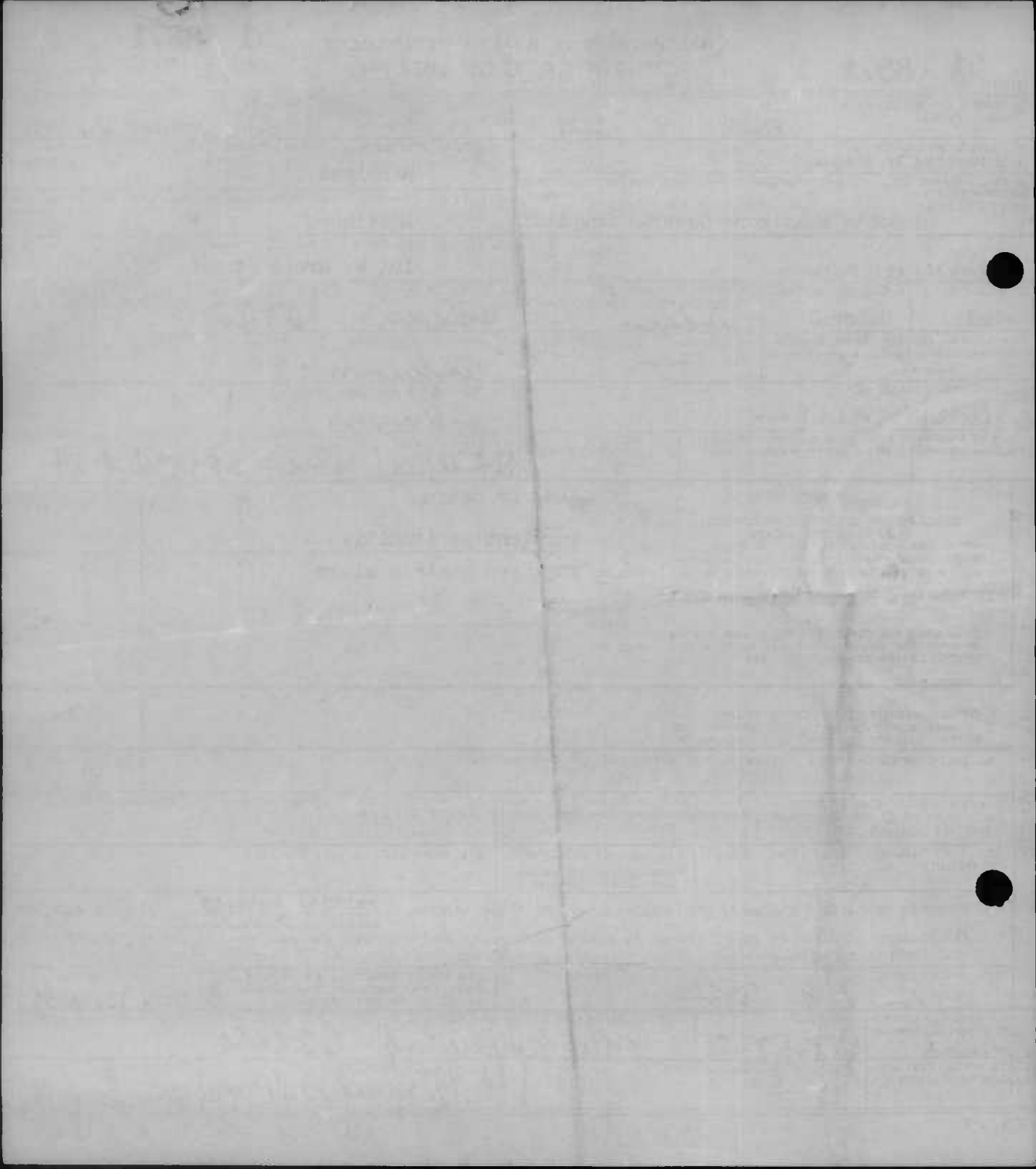
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>PERRY DENT</b>		2. DATE OF DEATH <b>October 14, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>South Baltimore General Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>104 W. Cross Street</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>undiv</b>	8. DATE OF BIRTH <b>unknown - 65 yrs.</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <b>65 yrs.</b>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>unknown -</b>	
13. FATHER'S NAME <b>unknown -</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Helzekiah Holmes - 65 W. West St</b>		ADDRESS	

18. <b>540.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Purulent peritonitis</b> DUE TO <b>ruptured gastric ulcer</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) _____		
(B) _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <b>Partial Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <b>natural causes</b> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>William V. Spriggs</b>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>Oct. 15, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct. 17 - 51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Ind. Calvary Unit</b>	24D. LOCATION (City, town, or county) (State) <b>Balto.</b>		
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR <b>W. B. Spriggs - 139 W. Hamling St</b>	
				ADDRESS	

117a



S-363

51 8872

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

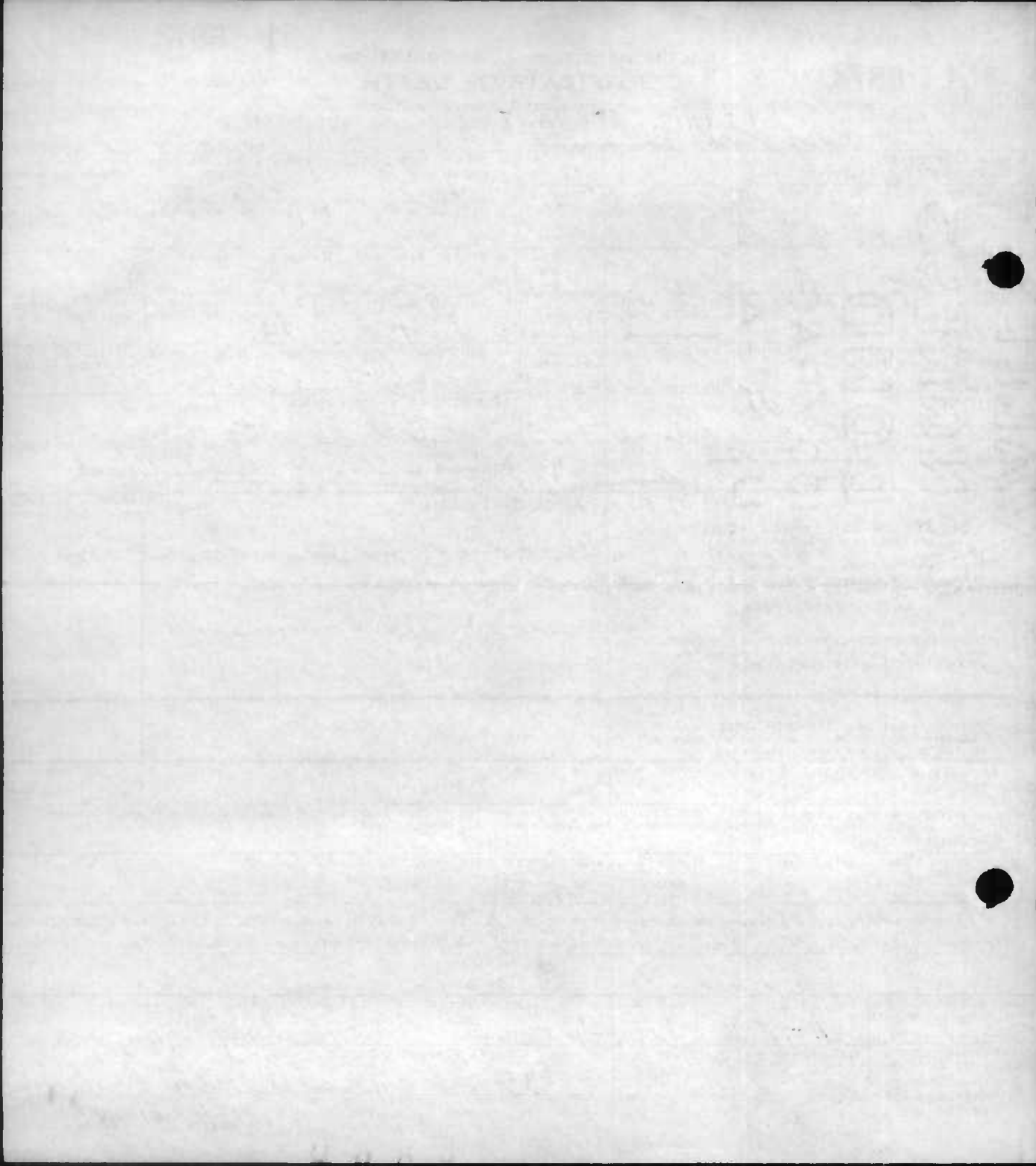
51 8872

1. NAME OF DECEASED (Type or Print) <b>DENNIS STEUART</b> <i>Richard A Steuart</i>		2. DATE OF DEATH <b>10-15-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY <b>Balta. City</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hosp</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>13-07 903 University Parkway</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Aug-12-1878</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>news writer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>newspaper</b>	9. AGE (in years last birthday) <b>73</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTH PLACE (State or foreign country) <b>MD - Balt. City</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>Richard A Steuart</b>		14. MOTHER'S MAIDEN NAME <b>Bell Pullerton Murphy</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No known None</b>		16. SOCIAL SECURITY NO. <b>212-07-5120</b>	
17. INFORMANT <b>William C. Steuart - 220 Oakdale Road</b>		ADDRESS <b>Baltimore, Md</b>	
18. <b>331X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>212-07-5120</b> DUE TO (A) <b>Cerebral vascular accident</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <b>generalized arteriosclerosis</b> (C) <b></b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>II</b>			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10-2</b> , 19 <b>51</b> , to <b>10-12</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-15</b> , 19 <b>51</b> , and that death occurred at <b>2:05 AM.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>C. R. Ireland</b>		23B. ADDRESS <b>Mercy Hosp.</b>	
23C. DATE SIGNED <b>10-15-51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct-17-1951</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Parson's Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Salisbury, Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 1 6 1951</b>		REGISTRAR'S SIGNATURE <b>Stewart &amp; Morison Co.</b>	
25. FUNERAL DIRECTOR <b>Stewart &amp; Morison Co.</b>		ADDRESS <b>108 W. North Ave</b>	

MEDICAL CERTIFICATION

036 4M

Balt. #1, Md.  
83a





D.O.A. 51 8873		BALTIMORE CITY HEALTH DEPARTMENT		51 8873	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)		Kathleen Rolfe		2. DATE OF DEATH Oct. 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 533 S. Belnord 1-03	
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home		8. DATE OF BIRTH ? ? ? 7-5-06	
11. BIRTHPLACE (State or foreign country) ? Baltimore		12. CITIZEN OF WHAT COUNTRY? USA		9. AGE (In years last birthday) 45	
13. FATHER'S NAME ? John Lewis		14. MOTHER'S MAIDEN NAME ? Kathetine Reynolds		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		18. CAUSE OF DEATH	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 Days			
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		DUE TO (A) Coronary Thrombosis (B) (C)			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from D.O.A. 1951, to D.O.A. 1951, that I last saw the deceased alive on D.O.A. 1951, and that death occurred at D.O.A. 1:31 PM, and the causes and on the date stated above.					
23A. SIGNATURE K.S. Rogers M.D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 10-15-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-18-51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Lilly & Zeiler, Inc.		ADDRESS	

NOT A MEDICAL EXAMINER'S CASE

*H. DeLoach* M.D.

CHIEF OF POLICE MEDICAL EXAMINER

W-252  
51 8874

CERTIFICATE CORRECTED 10/26/51  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

ES 51 8874  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>WASHINGTON, MARY</b>		2. DATE OF DEATH <b>10-13-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>Balto</b>			
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>UNIVERSITY HOSP.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE Md.</b>			
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>646 MELVIN DRIVE</b>			
7. SEX <b>F</b>	8. COLOR OR RACE <b>C</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	10. DATE OF BIRTH <b>1934-AUG 17</b>	11. AGE (In years last birthday) <b>17</b>	12. Under 1 Year Months: Days 12 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Girl</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Balto. Md</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Richard Washington</b>			
14. MOTHER'S MAIDEN NAME <b>OLA PORTER</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown			
16. SOCIAL SECURITY NO.		17. INFORMANT <b>FATHER</b> ADDRESS			
18. <b>400.0 and E 953.7</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Aspiration pneumonia</b> (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Concussion from cerebral edema</b> (B) DUE TO <b>Extensive Intoxication</b> (C) <b>RHEUMATIC FEVER</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days (over)</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>None</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-11</b> , 19 <b>51</b> , to <b>10-13</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-13</b> , 19 <b>51</b> , and that death occurred at <b>5:30 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>J. Borges</b>		23B. ADDRESS <b>University/Dept.</b>		23C. DATE SIGNED <b>10-13-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 18, 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary</b>	
24D. LOCATION (City, town, or county) <b>Cedar Hill Md.</b>		24E. FUNERAL DIRECTOR <b>Mrs. Kate R. Williams</b>		24F. ADDRESS <b>322 N. Scholander St.</b>	

MEDICAL CERTIFICATION

N-998.2

58E

See Document File 51-8874

10/26/51

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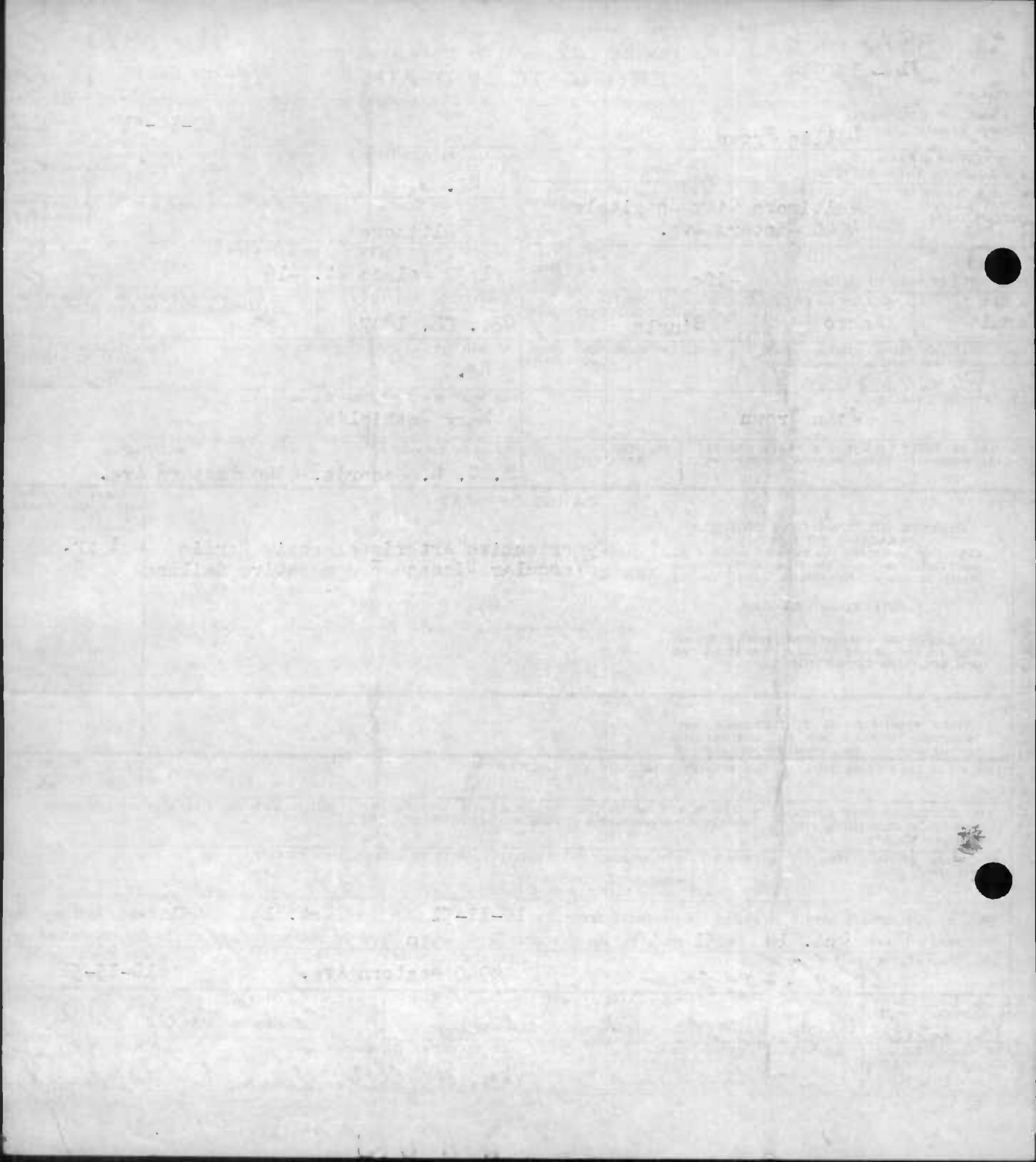
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51 8875  
JL - 152994BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8875  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Lillie Brown</b>			2. DATE OF DEATH <b>10-14-51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals 4940 Eastern Ave.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			D. STREET ADDRESS (If rural, give location) <b>1632 Delano Ct. -16</b>		
5. SEX <b>Female</b>			6. COLOR OR RACE <b>Negro</b>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>			8. DATE OF BIRTH <b>Oct. 28, 1897</b>		
9. AGE (In years last birthday) <b>53</b>			10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <b>Md.</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>John Brown</b>			14. MOTHER'S MAIDEN NAME <b>Mary Deshields</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>B. C. H. Records, 4940 Eastern Ave.</b>			ADDRESS		

18. <b>443X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>(A) Hypertensive Arteriosclerosis Cardiovascular Disease &amp; congestive failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>Oct. 19, 1951</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>10-11-51</b> , 19 <b>51</b> , to <b>Oct. 14</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Oct. 14</b> , 19 <b>51</b> , and that death occurred at <b>4pm</b> m., from the causes and on the date stated above.				
23A. SIGNATURE <b>R. S. Rogers</b>		23B. ADDRESS <b>4940 Eastern Ave.</b>		23C. DATE SIGNED <b>10-15-51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 19, 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary</b>
24D. LOCATION (City, town, or county) (State) <b>Cedar Hill, Ind.</b>		25. FUNERAL DIRECTOR <b>Mrs. Katie B. Williams</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 16 1951</b>		REGISTRAR'S SIGNATURE <b>William Williams</b>		





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Elsie Beckford</b>			2. DATE OF DEATH <b>10-12-51 11:30 pm</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>US PHS Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>Unknown</b>			D. STREET ADDRESS (If rural, give location) <b>2108 Herbert Street</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>July 1, 1894</b>	9. AGE (In years last birthday) <b>57</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maid</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Hospital</b>	11. BIRTHPLACE (State or foreign country) <b>VA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Augusta Morris</b>			14. MOTHER'S MAIDEN NAME <b>Alberta Mudd</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unkn</b>	17. INFORMANT ADDRESS <b>Records, US PHS Hospital, Baltimore, Md.</b>		

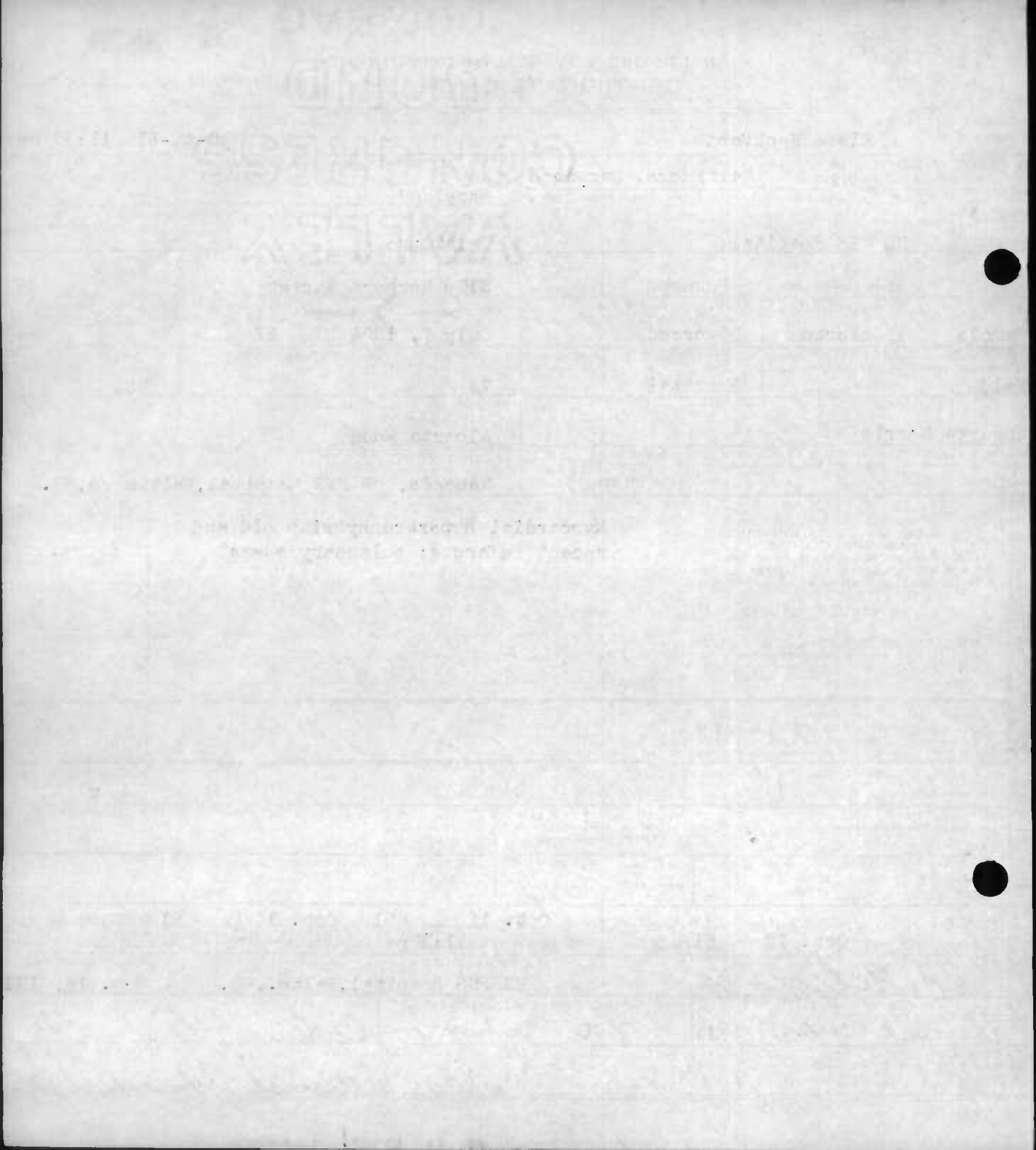
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  <b>CAUSE OF DEATH</b> <b>Myocardial hypertrophy with old and recent infarcts; pulmonary edema</b>	(A) _____	DUE TO	INTERVAL BETWEEN ONSET AND DEATH <b>8 yrs.</b>
<b>ANTECEDENT CAUSES</b>			
(B) _____			
DUE TO			
(C) _____			
<b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Oct. 12**, 19**51**, to **Oct. 12**, 19**51** that I last saw the deceased alive on **Oct. 12**, 19**51**, and that death occurred at **11:30pm.**, from the causes and on the date stated above.

23A. SIGNATURE <b>R. H. McDonald</b>		23B. ADDRESS <b>US PHS Hospital, Balto., Md.</b>		23C. DATE SIGNED <b>Oct. 13, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 17, 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>mt. Calvary</b>	
24D. LOCATION (City, town, or county) (State) <b>Cedar Hill Md.</b>		24E. FUNERAL DIRECTOR <b>Mrs. Katie R. Williams</b>		24F. ADDRESS <b>322 N. Schroeder St.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 16 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. J. Williams</b>		25. FUNERAL DIRECTOR <b>Mrs. Katie R. Williams</b>	





1-616  
51 8877 JL-113913 BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH Registered No. 51 8877

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Elizabeth Travers

2. DATE OF DEATH 10-13-51

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md.  
B. COUNTY

5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)  
Baltimore City Hospital  
4940 Eastern Ave.

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

7. STREET ADDRESS (If rural, give location)  
546 W. Lee St. 22-02

8. LENGTH OF STAY IN BALTIMORE most of life

9. SEX Female

10. COLOR OR RACE Negro

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

12. DATE OF BIRTH Nov. 12, ?

13. AGE (In years last birthday) 74

14. Under 1 Year Months: Days

15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

17. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country) Va.

19. CITIZEN OF WHAT COUNTRY?

20. FATHER'S NAME George Ranson

21. MOTHER'S MAIDEN NAME Elizabeth Ranson

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown

23. SOCIAL SECURITY NO.

24. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.

25. CAUSE OF DEATH  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
Aspiration Vomitus  
DUE TO  
ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

26. INTERVAL BETWEEN ONSET AND DEATH 36 hrs.

27. CERTIFICATION APPROVED BY  
William Wood M.D.  
CHIEF OR ASST. MEDICAL EXAMINER

28. DATE OF OPERATION 10/11/51

29. MAJOR FINDINGS OF OPERATION

30. AUTOPSY? YES ☒ NO ☐

31. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

32. 21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.) Hospital

33. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Baltimore City Hospital 26/12

34. 21D. TIME (Month) (Day) (Year) (Hour) 10/11/51

35. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

36. 21F. HOW DID INJURY OCCUR? Aspiration of Vomitus

37. I hereby certify that I attended the deceased from 9-18-47, to Oct. 13, 1951, that I last saw the deceased alive on Oct. 13, 1951, and that death occurred at 4:45 AM, from the causes and on the date stated above.

38. 23A. SIGNATURE L. S. Cohen M. D.

39. 23B. ADDRESS 4940 Eastern Ave.

40. 23C. DATE SIGNED 10-14-51

41. 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

42. 24B. DATE Oct. 17, 1951

43. 24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn

44. 24D. LOCATION (City, town, or county) (State) Balto, Md.

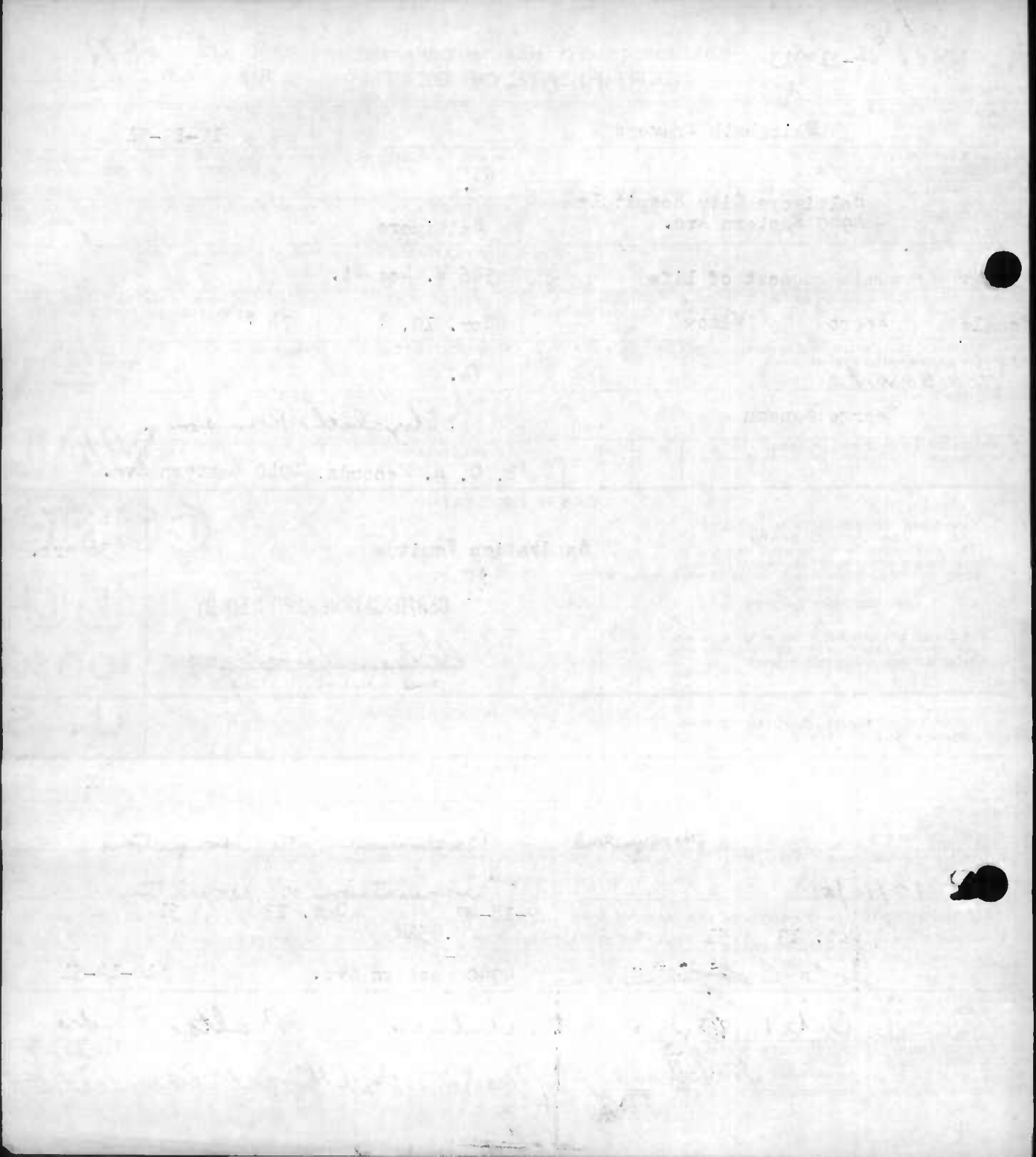
45. DATE RECEIVED BY LOCAL REGISTRAR OCT 16 1951

46. REGISTRAR'S SIGNATURE Luther H. Williams

47. 25. FUNERAL DIRECTOR Mrs. Katie B. Williams

48. ADDRESS 322 N. Schroeder St.

VS 150 N-933.0 1951



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8878  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		THOMAS ATKINS		2. DATE OF DEATH Oct. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 827 W. Lexington Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 25, 1890	9. AGE (In years last birthday) 61	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Balto. Transit Co.		11. BIRTHPLACE (State or foreign country) Lynchburg, Va.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Silas Atkins		14. MOTHER'S MAIDEN NAME Isabelle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Coleman Atkins	
				ADDRESS Turnam 571 Thompson Ct	

18. CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

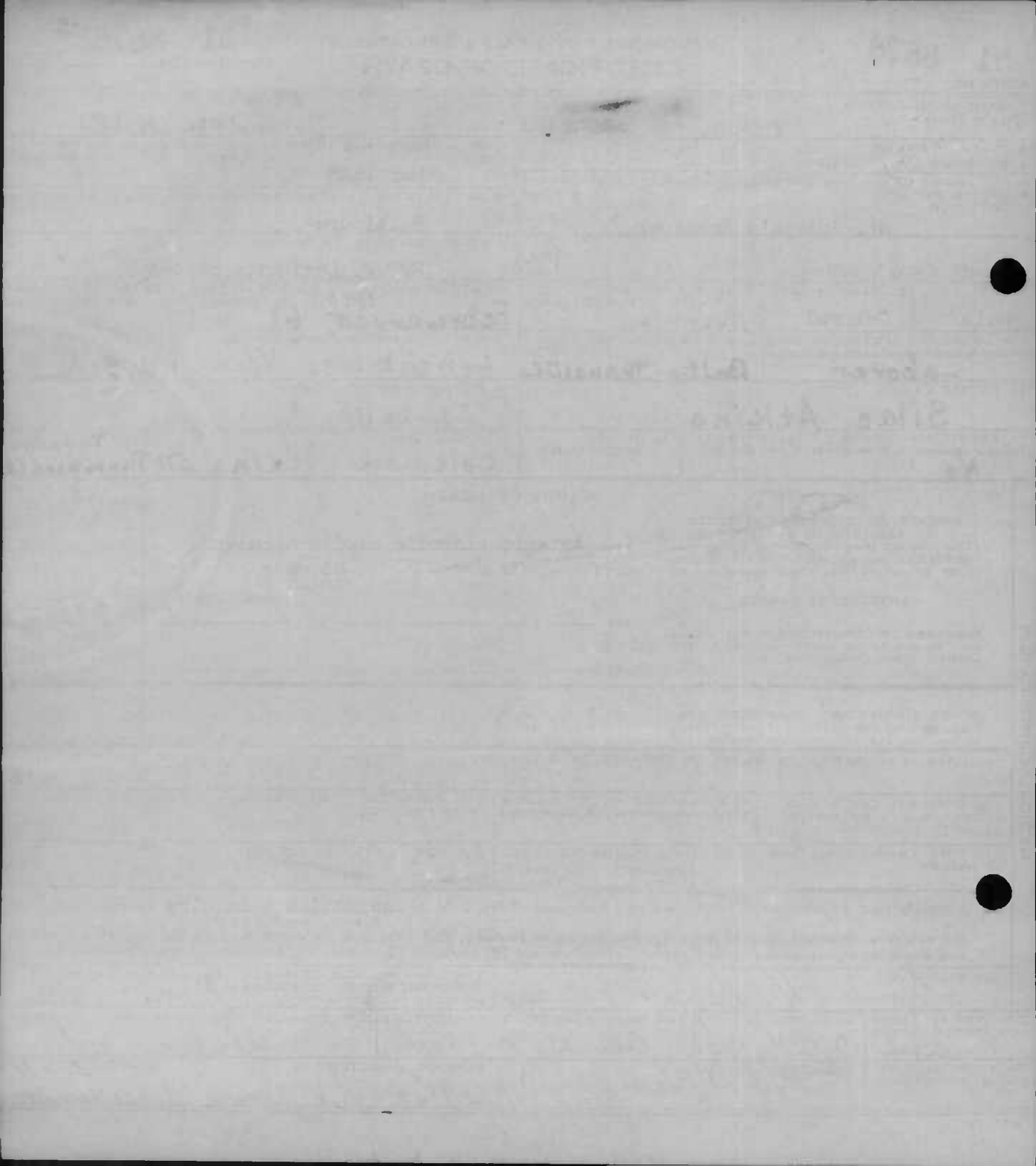
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Durelocher	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED Oct. 13, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct 16, 1951	24C. NAME OF CEMETERY OR CREMATORY Arbutus M. Park	24D. LOCATION (City, town, or county) (State) Arbutus, Ind.
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DATE RECEIVED BY LOCAL REGISTRAR Oct 11 1951	REGISTRAR'S SIGNATURE William H. Williams, M.D.	25. FUNERAL DIRECTOR Mrs. Katie R. Walburne Schroeder	ADDRESS 322 N.
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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 8879  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JOHN EDWARD HARMON</b>		2. DATE OF DEATH <b>Oct. 14, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>688 Pierce Street</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Oct. 4, 1900</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer.</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>51</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <b>Accomac Co. Va.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>John Harmon</b>		14. MOTHER'S MAIDEN NAME <b>Lilly Shields.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Charles Shields</b>		ADDRESS <b>St 869 W. Franklin</b>	

18. <b>443 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive cardiovascular disease</b> -DUE TO ANTECEDENT CAUSES <b>Acute hemorrhagic pancreatitis</b>		INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			

I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <b>Stanley H. Durlach</b>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>Oct. 15, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct. 18, 1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn.</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		

DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 16 1951</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Williams</b>	25. FUNERAL DIRECTOR <b>Mrs. Katie R. Williams</b>	ADDRESS <b>822</b>
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Single

1971

John H. Brown

Charles H. Brown

John H. Brown

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John H. Brown

Charles H. Brown

John H. Brown



51 8880

BALTIMORE CITY HEALTH DEPARTMENT

51 8880  
Registered No.

## CERTIFICATE OF DEATH

BIRTH NO. K-000 51-19222

1. NAME OF DECEASED  
(Type or Print)

ANTHONY WAYNE KEY

2. DATE  
OF  
DEATH

October 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1208 Whatcoat Street

16-02

Length of stay in Baltimore

1100

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8/18/51

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
2If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?  
U. S. A.

13. FATHER'S NAME

Cecil Key

14. MOTHER'S MAIDEN NAME

Edith Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Edith H. Key 1208 Whatcoat St.

18. E9210

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Aspiration pneumonia

DUE TO aspiration of vomitus

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

1209 Whatcoat Street

16/2

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

October 14, 1951

m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Aspiration of vomitus

I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Oct. 15, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/16/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

George G. Kelson 1202 Presstman St.

VS 151

N-933.0

1951 Geo. G. Kelson

MEDICAL CERTIFICATION

1223

1223

*[Faint, illegible text and markings across the page, possibly bleed-through from the reverse side. A horizontal line is visible across the middle of the page.]*

G- 520

51 8881

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8881

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary A. Genewick

2. DATE  
OF  
DEATH

10-15-51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Md

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

3028 Glenmore ave

6. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

27-05

7. STREET ADDRESS (If rural, give location)

3028 Glenmore ave

8. Length of stay in Baltimore

Yrs.  
Mos.  
Days

9. SEX

F M

10. COLOR OR RACE

W

11. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

12. DATE OF BIRTH

Jan-1-1884

13. AGE (In years  
last birthday)

67

14. Under 1 Year  
Months: Days15. Under 24 Hours  
Hours: Min.16. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Attorney

17. KIND OF BUSINESS OR  
INDUSTRY

✓

18. BIRTHPLACE (State or foreign country)

Baltimore Md

19. CITIZEN OF  
WHAT COUNTRY?

20. FATHER'S NAME

Mathias - Sanders

21. MOTHER'S MAIDEN NAME

Margaret Sumwalt

22. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

✓

23. SOCIAL  
SECURITY NO.

24. INFORMANT

ADDRESS

Charles H. Genewick (son)

25. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) ...

DUE TO

1 Hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

1 YR

(C) ...

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1951 to Oct. 15, 1951 that I last saw the  
deceased alive on Oct. 15, 1951 and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

2000

1000

100

10

100

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51 8882

BALTIMORE CITY HEALTH DEPARTMENT

51 8882

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

B-620 51-21618

1. NAME OF DECEASED  
(Type or Print)

Valerie May Bruck

2. DATE  
OF  
DEATH

10/12/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland Gen Hosp

C. Length of stay in Baltimore

25 Days

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

Wh

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

9/19/51

9. AGE (In years  
last birthday)10 Under 1 Year  
Months Days

25

11 Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Larry Mitchell Bruck

14. MOTHER'S MAIDEN NAME

Gladys Wienecke

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Larry M. Bruck -

18.

CAUSE OF DEATH

4711 Norwood Ave

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Congenital strain of small bowel  
DUE TO at junction of duodenum & jejunum.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9/22/51

19B. MAJOR FINDINGS OF OPERATION

Distended bowel full of Meconium - Colostomy done

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/19, 1951, to 10/12, 1951, that I last saw the  
deceased alive on 10/12, 1951, and that death occurred at 10:45 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

5118 Guyton Oak Ave 1579

8-28-12

STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

100

*[Faint, illegible text, likely bleed-through from the reverse side of the page]*

51 8883

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8883  
Registered No.

BIRTH NO. T-656

1. NAME OF DECEASED  
(Type or Print)

STANLEY Wm TURNER

2. DATE  
OF  
DEATH

OCT 13, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

1739 Bank St. 202

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Outing ADDRESS 1 st.

18. 872.4

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Fracture of skull

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21a. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

OF CAR - CAR OVERTURNED

22. I certify that I took charge of the remains described above, held an Inspection thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23b. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23c. DATE SIGNED

Oct 14, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

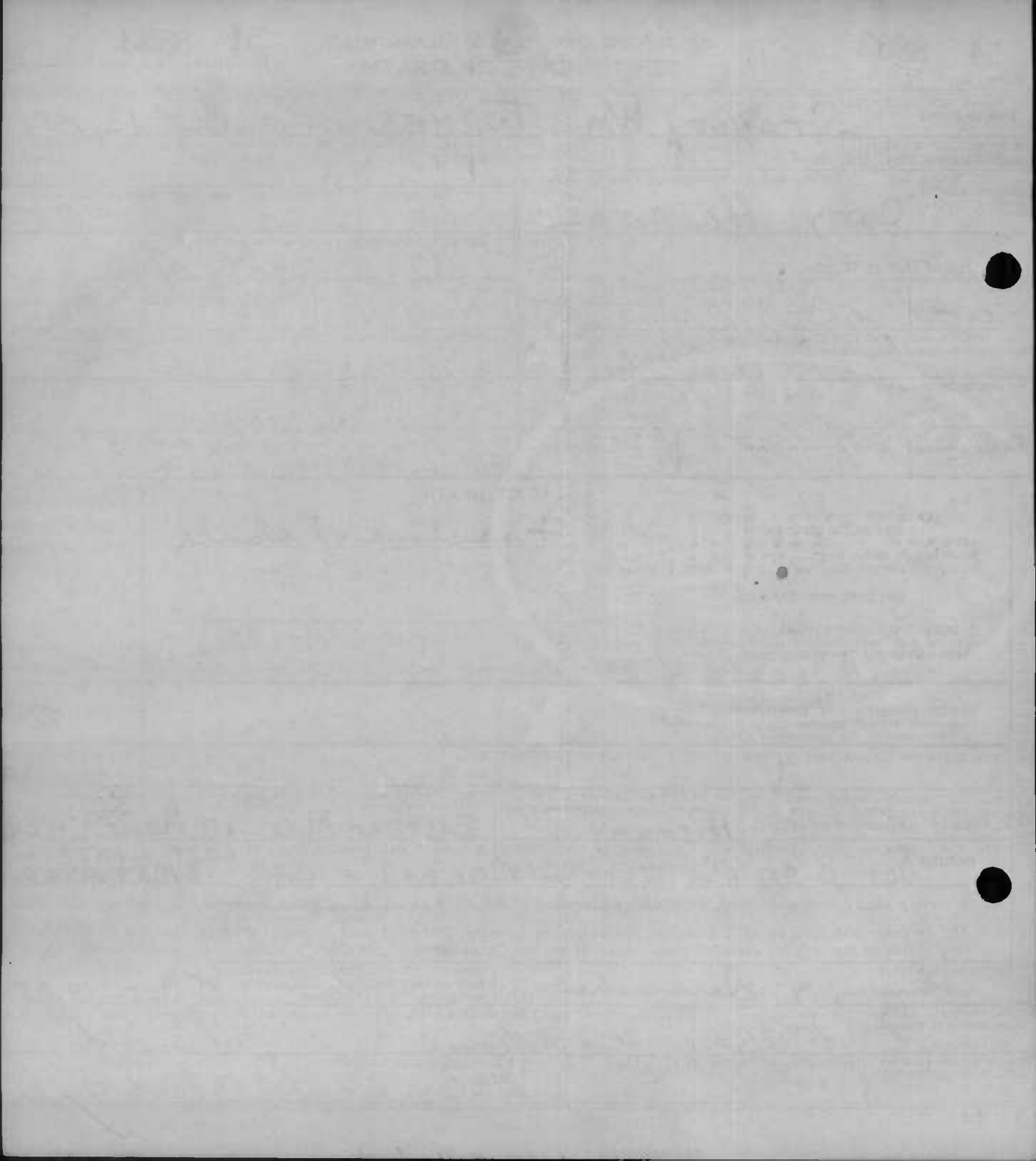
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170c

MEDICAL CERTIFICATION





51 8884  
L-400BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8884

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Mary Helen Scott Browne Lilly</b>		2. DATE OF DEATH <b>10/14/51</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland Baltimore, Md.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>2742 St. Paul Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore <b>62</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2742 St. Paul St.</b> <b>12-06</b>	
7. SEX <b>Female</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>Dec. 2, 1888</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10B. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years, last birthday) <b>62</b>
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <b>Thomas Horace Browne</b>		14. MOTHER'S MAIDEN NAME <b>Sarah Lee McComas</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>Austin J. Lilly, Jr.</b>		ADDRESS <b>3420 Guilford Terrace</b>	
18. <b>331X</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Vascular accident</b> DUE TO <b>Arteriosclerosis</b> DUE TO <b>Hypertension</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1/2 hr</b> <b>? yrs</b> <b>12 yrs</b>
19A. DATE OF OPERATION <b>10</b>			19B. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>1944</b> , to <b>10/14/51</b> , 19____, that I last saw the deceased alive on <b>10/14/51</b> , 19____, and that death occurred at <b>7:15 P</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>Francis W. Flecker</b>		23B. ADDRESS <b>3406 St Paul St</b>	
23C. DATE SIGNED <b>10/16/51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/17/51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>St. John's</b>		24D. LOCATION (City, town, or county) (State) <b>Long Green, Md.</b>	
25. FUNERAL DIRECTOR <b>W. W. Meeks</b>		ADDRESS <b>Don 805 N. Calvert St.</b>	

UNITED STATES DEPARTMENT OF JUSTICE  
BUREAU OF PRISONS

WASHINGTON, D. C.

RECEIVED

APR 10 1922

MAIL ROOM

RECEIVED

APR 10 1922

MAIL ROOM

RECEIVED

APR 10 1922

MAIL ROOM

RECEIVED

APR 10 1922

MAIL ROOM

RECEIVED

APR 10 1922

MAIL ROOM

RECEIVED

APR 10 1922

51 8885

51 8885

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>CARROLL L. McKenna Sr</b>			2. DATE OF DEATH <b>Oct. 15, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>1317 VALLEY ST.</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1317 VALLEY ST.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE City</b>		
c. Length of stay in Baltimore <b>3 1/2</b> Yrs. <b>6</b> Mos. <b>6</b> Days			D. STREET ADDRESS (If rural, give location) <b>1317 VALLEY ST.</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Nov. 9, 1891</b>	9. AGE (In years last birthday) <b>59</b>	10. Under 1 Year Months <b>10</b> Days <b>6</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chapman Baltimore City Electric</b>			11. BIRTHPLACE (State or foreign country) <b>BALTIMORE, Md.</b>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>James J. McKenna</b>			14. MOTHER'S MAIDEN NAME <b>Mary A. Murray</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		
17. INFORMANT <b>Mr. Agnes McKenna</b>			ADDRESS <b>1317 Valley</b>		

18. **154X**

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

**Adeno-Carcinoma of The Rectum**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>June 13, 1951</b>		19B. MAJOR FINDINGS OF OPERATION <b>inoperable malignancy with lymph</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR (If in Baltimore City, give exact location) <b>Rectum</b>	
21D. TIME (Month) (Day) (Year) (Hour) <b>INJURY</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>June 10, 1951</b> , to <b>Oct 15, 1951</b> , that I last saw the deceased alive on <b>Oct 15, 1951</b> , and that death occurred at <b>7:40 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>William R. Gray</b>		23B. ADDRESS <b>106 Biddle St</b>		23C. DATE SIGNED <b>Oct 16, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 18, 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cemetery Baltimore, Md.</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR <b>James W. Conklin</b>		ADDRESS <b>1317 Valley</b>	

VALLEY  
CONGREGATIONAL  
CHURCH

103.75.10.15

51 8886

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANGELINE ORANNA IMBIEROWICZ

2. DATE  
OF  
DEATH

OCT 15 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO MD

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MD

B. FULL NAME OF (If not in hospital or institution, give street address or location)

644 S. LAKEWOOD AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

D. STREET ADDRESS (If rural, give location)

644 S. LAKEWOOD AVE

C. Length of stay in Baltimore

37 yrs.

Yrs.  
Mos.  
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOW

10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

JEOZEF KARCEWSKI

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

NOV. 13 1892

9. AGE (In years last birthday)

38

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

POLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A

14. MOTHER'S MAIDEN NAME

JULIANN MALISZEWSKI

17. INFORMANT

ADDRESS

JOANNA E. IMBIEROWICZ 644 S. LAKEWOOD AVE

18. 443X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio-Vascular Disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Atherosclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from Oct. 10 1951, to Oct. 15 1951, that I last saw the deceased alive on Oct. 15 1951, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Andrew Kucinski

M. D.

2579 Eastern Ave.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

OCT 18 1951

ST. STANISLAUS CEM.

DUNDALK AVE

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

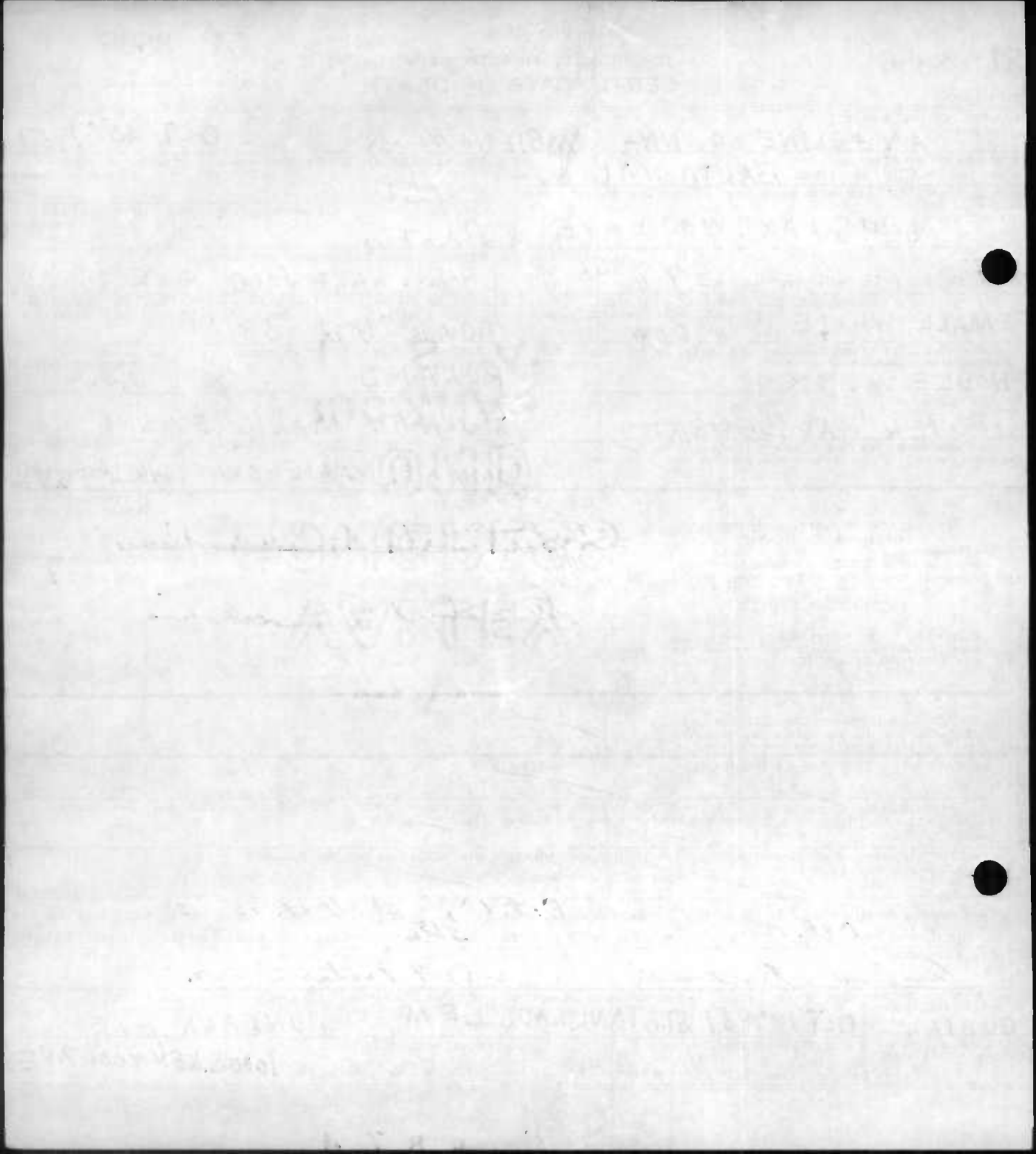
25. FUNERAL DIRECTOR

ADDRESS

OCT 16 1951

Stephen J. Frakowski, Inc.

1000 S. KENWOOD AVE





51 8887

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8887

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY A HENRY

2. DATE  
OF  
DEATH

OCT. 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

MD

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

CITY HOSPITAL

C. CITY OR TOWN, (If outside corporate limits, write RURAL and give township)

BALTIMORE

1-01

D. STREET ADDRESS (If rural, give location)

1253 S. DECKER AVE

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

SEPT. 24-1913

9. AGE (In years

last birthday)

38

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

WATILESS

10B. KIND OF BUSINESS OR INDUSTRY

FIDELITY TRUST

11. BIRTHPLACE (State or foreign country)

BALTIMORE CO. MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

CHARLES H. ROHE

14. MOTHER'S MAIDEN NAME

FRANCIS VANIK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

A. WILDBERGER 1253 S. DECKER AVE

18. E981X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

BULLET WOUND OF CHEST

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

HOME

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1253 S. DECKER AVE

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

OCT 13, 1951

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

SHOT by Husband in altercation

I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunleavy M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Oct 14, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/17/51

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER

24D. LOCATION (City, town, or county)

BALTIMORE MD

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

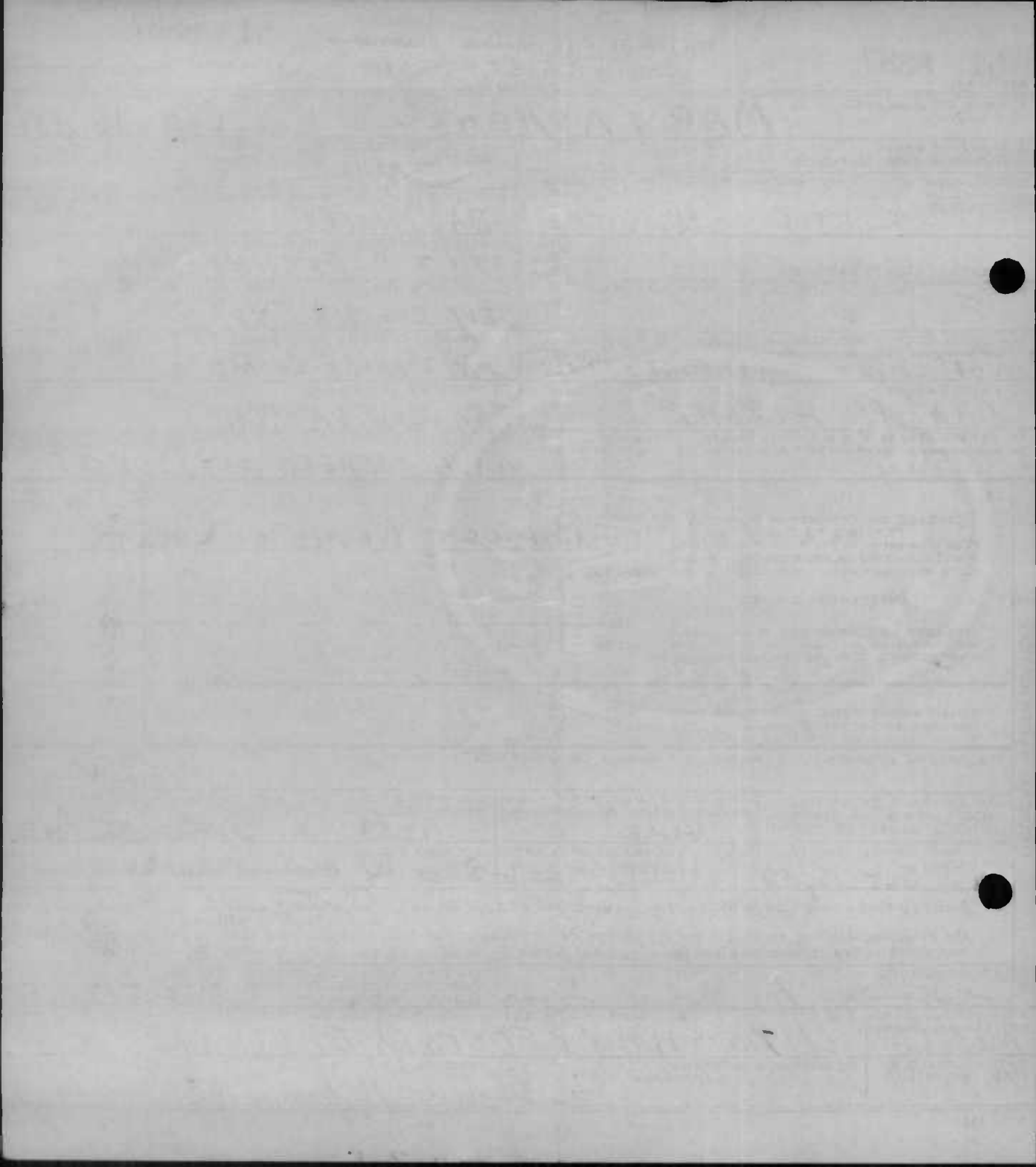
Charles F. Hoffmann 1639 Broadway

VS 151

N-8624

784 71

166



51 8888

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8888  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>HERBERT S FINNERTY</b>		2. DATE OF DEATH <b>October 15, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>1921 Fleet Street</b>		E. LENGTH OF STAY IN BALTIMORE <b>2-03</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 10, 1933</b>
9. AGE (In years last birthday) <b>17</b>		10. BIRTHPLACE (State or foreign country) <b>Baltimore</b>	
11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>John C.</b>		14. MOTHER'S MAIDEN NAME <b>Anna M. Reitz</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>(M)</b>	
17. INFORMANT <b>Anna M. Finnerty</b>		ADDRESS <b>1921 Fleet St.</b>	

18. <b>E981X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Gunshot wound of neck and chest with massive hemothorax</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ..... (C) .....		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>Oct. 15, 1951</b>		19B. MAJOR FINDINGS OF OPERATION <b>Autopsy</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Clinton Street &amp; Eastern Avenue</b>		
21D. TIME (Month) (Day) (Year) (Hour) <b>Oct. 15, 1951 1:00 A.m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Firearms</b>		
I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <b>William V. Smith</b>	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Oct. 15, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/18/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Carmel</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 16 1951</b>	REGISTRAR'S SIGNATURE <b>William V. Smith</b>	25. FUNERAL DIRECTOR <b>Blumenfeld &amp; Hoffmann</b>	ADDRESS <b>1639 Broadway</b>
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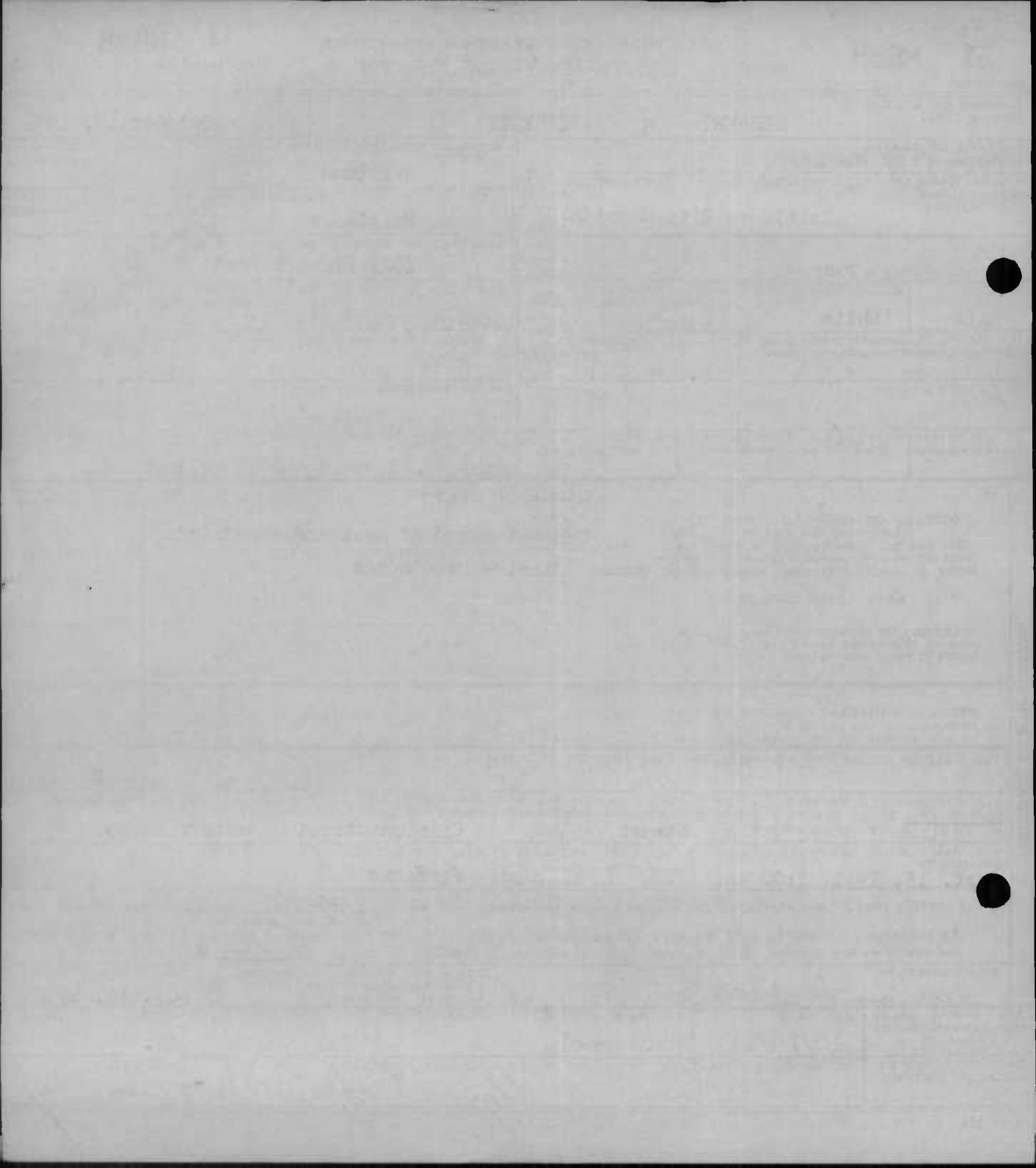
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166

MEDICAL CERTIFICATION



S-536

51 8889

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8889

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		MARGARET G. SUNDERLAND		2. DATE OF DEATH Oct. 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 5602 Stonington Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 5602 Stonington Ave. - 28-12			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 2, 1915	9. AGE (In years last birthday) 36	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Charles Schmitz		14. MOTHER'S MAIDEN NAME Anna Dixon			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Mrs. Barnard O. Sunderland-5602 Stonington Ave.	
18. 433.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Auricular Fibrillation INTERVAL BETWEEN ONSET AND DEATH 10 months		(A) DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Apr 18th, 1950</u> , to <u>Oct 14, 1951</u> , that I last saw the deceased alive on <u>Oct 13th, 1951</u> , and that death occurred at <u>3:00</u> m., from the causes and on the date stated above.					
23A. SIGNATURE Harry Kates		23B. ADDRESS 517 Scott St.		23C. DATE SIGNED Oct. 15/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/17/51		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		25. FUNERAL DIRECTOR Wm. J. Dickner & Sons Baltimore, Md. 95a			

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51 8890

BALTIMORE CITY HEALTH DEPARTMENT

# CERTIFICATE OF DEATH

51 8890

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Joseph B. Sturgeon</u>		2. DATE OF DEATH <u>10-15-51</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Lutheran Hosp. of md. Inc.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 22-01</u>	
C. Length of stay in Baltimore <u>30</u>		D. STREET ADDRESS (If rural, give location) <u>807 S. Charles St. #30</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, <del>DIVORCED</del> (Specify)	8. DATE OF BIRTH <u>Feb. 28, 1921</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Policeman</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>municipal police</u>	9. AGE (In years last birthday) <u>30</u> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME <u>John W. Sturgeon</u>		11. BIRTHPLACE (State or foreign country) <u>md.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wd or dates of service) <u>yes 1942-46</u>		14. MOTHER'S MAIDEN NAME _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>John W. Sturgeon</u> ADDRESS <u>Father. 807 S. Charles St.</u>	

CERTIFICATION	13. 138.1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Peripheral Vascular collapse 6 hrs	
	ANTECEDENT CAUSES	(B) Reiter's d	?
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) (Severe) Rheumatoid arthritis	7 yrs
	II	(C) Malnutrition, anemia.	?
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

MEDICAL	19A. DATE OF OPERATION _____ 2		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
	21D. TIME (Month) (Day) (Year) (Hour) INJURY _____ m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 9-20-, 1951/10-15, 1951, that I last saw the deceased alive on 10-15, 1951, and that death occurred at 8:07 a.m., from the causes and on the date stated above.

23A. SIGNATURE <i>Wm M. Rees</i>		23B. ADDRESS <i>Johns Hopkins Hospital</i>		23C. DATE SIGNED <i>10-15-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>10-18-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Natl</i>	24D. LOCATION (City, town, or county) (State) <i>Derick Ave - Balt Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>Oct 18 1951</i>	REGISTRAR'S SIGNATURE <i>Washington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>W. P. Miller, Inc. 2435 E. Ohio St</i>		ADDRESS

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## MEDICAL CERTIFICATION





V-360  
51 8891

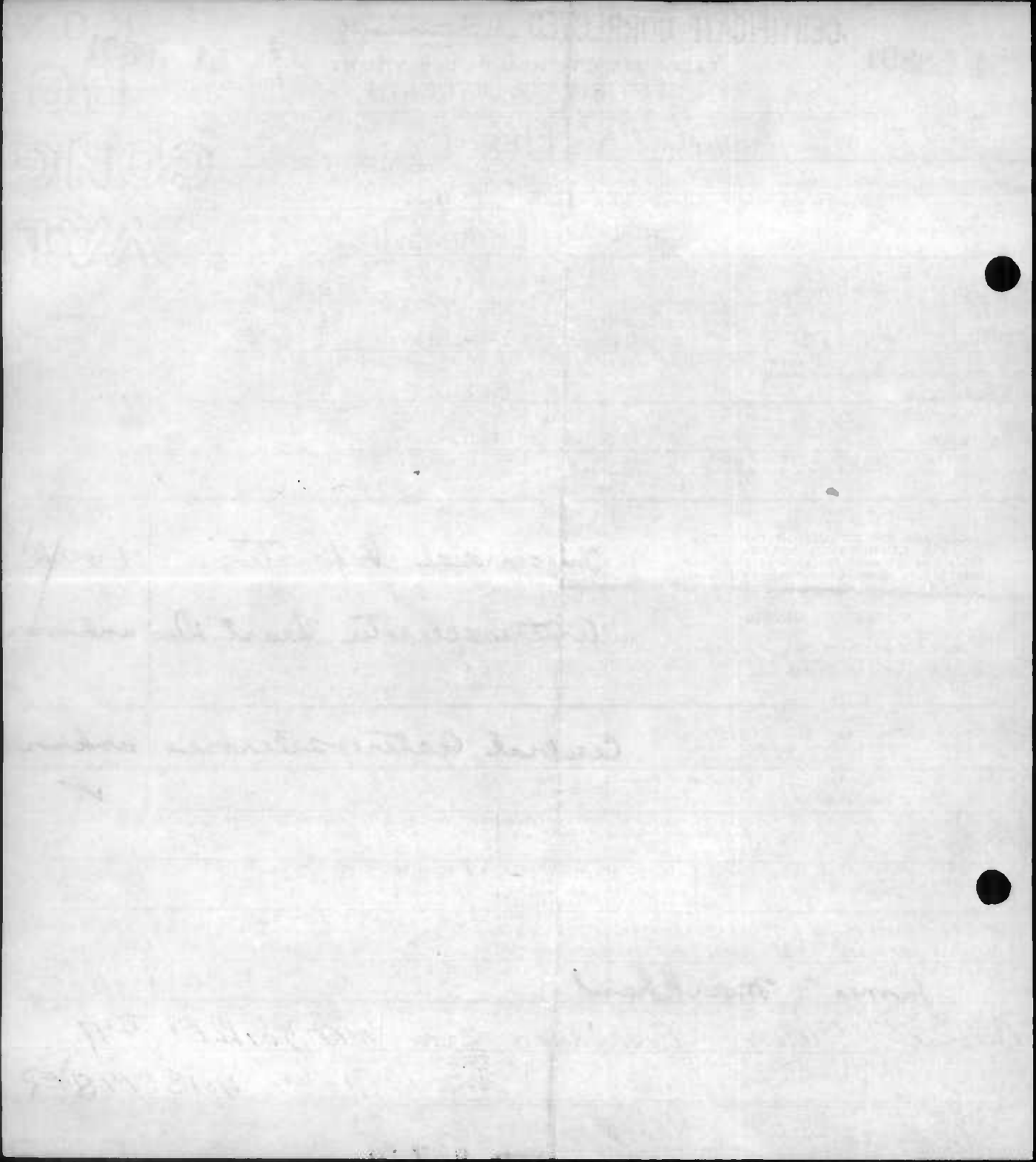
CERTIFICATE CORRECTED 10-19-51

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X 51 8891  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
HANNA VETTER		Oct 16 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) A. STATE B. COUNTY	
JOHNS HOPKINS HOSPITAL		PENN. V-35	
6. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
JOHNS HOPKINS HOSPITAL		MEADVILLE	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Yrs. Mos. Days		912 LIBERTY St.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
FEMALE	White	WIDOWED	1-2-1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
Housewife			68
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
England		U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Unknown		Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
Yes, no or unknown			JOHNS HOPKINS HOSPITAL
18. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
(A) Myocardial Infarction			1 week
DUE TO			
ANTECEDENT CAUSES			
(B) Arteriosclerotic Heart Dis.			unknown
DUE TO			
(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
Cerebral Arteriosclerosis			unknown
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
none			
20. AUTOPSY?			
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from 10-16-1951, to 10-16-1951, that I last saw the deceased alive on 10-16-1951, and that death occurred at 3:40 p.m., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
James H. Markham		JOHNS HOPKINS HOSPITAL	
M. D.		10/16/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	10/19/51	Evergreen, Cem	MEADVILLE PA.
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
OCT 16 1951		Huntington Williams	Mary Weber 4015 CHESTER
Med. & Case Released to hospital 937			

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. <b>51 8892</b>	
BIRTH NO. <b>6-650</b>			
1. NAME OF DECEASED (Type or Print) <b>Shene W. Green</b>		2. DATE OF DEATH <b>Oct. 14-1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Ind</b> B. COUNTY <b>Balto.</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1704 Harlem Ave</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>16-03</b>	
C. Length of stay in Baltimore <b>40</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1704 Harlem Ave</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W.</b>	8. DATE OF BIRTH <b>Dec. 25-1888</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		9. AGE (In years last birthday) <b>62</b>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Syracuse, N.Y.</b>	
13. FATHER'S NAME <b>Solomon Webb</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME <b>Laura Downs</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Elmer Webb 2041 Boston St Phila. Pa.</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>153X I</b> <b>Respiratory failure</b> DUE TO <b>Carcinoma Colon</b> DUE TO <b>Antecedent Causes</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <b>10/13/51</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>8/13</b> , 19 <b>51</b> , to <b>Oct 14</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Oct 11</b> , 19 <b>51</b> , and that death occurred at <b>2:00 P.M.</b> on the date stated above.			
23A. SIGNATURE <b>D. Shorofsky M.D.</b>		23B. ADDRESS <b>601 N. Monroe St</b>	
23C. DATE SIGNED <b>10/15/51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>B.</b>		24B. DATE <b>Oct. 18-1951</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Balto. National</b>		24D. LOCATION (City, town, or county) (State) <b>Balto. Ind.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 17 1951</b>		REGISTRAR'S SIGNATURE <b>William Williams</b>	
FUNERAL DIRECTOR <b>Samuel W. Sullivan, Jr.</b>		ADDRESS <b>1011 N. Arlington Ave 46E</b>	



**T-460**

**51 8893**

**BIRTH NO.**

**BALTIMORE CITY HEALTH DEPARTMENT**

**CERTIFICATE OF DEATH**

**Registered No. 51 8893**

**1. NAME OF DECEASED (Type or Print)** *Nannie Tyler.*

**2. DATE OF DEATH** *10/13/51.*

**3. PLACE OF DEATH:**  
a. Baltimore City, Maryland *Baltimore*

**b. FULL NAME OF (If not in hospital or institution, give street address or location)**  
*802 Harlan Ave*

**c. Length of stay in Baltimore** *45* Yrs. *45* Mos. *45* Days

**4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)**  
a. STATE *Md.* b. COUNTY *Balt. City*

**c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)** *Baltimore*

**d. STREET ADDRESS (If rural, give location)** *802 Harlan Ave*

**5. SEX** *Female*

**6. COLOR OR RACE** *White*

**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)** *Widowed*

**8. DATE OF BIRTH** *Dec. 19, 1884*

**9. AGE (In years last birthday)** *67 yrs.*

**10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)** *Domestic*

**10b. KIND OF BUSINESS OR INDUSTRY** *Domestic*

**11. BIRTHPLACE (State or foreign country)** *Charles County Md*

**12. CITIZEN OF WHAT COUNTRY?** *U.S.*

**13. FATHER'S NAME** *Henry Stolt*

**14. MOTHER'S MAIDEN NAME** *Catherine Dyson*

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)** *No*

**16. SOCIAL SECURITY NO.** *138400000*

**17. INFORMANT** *Charles Stolt*

**ADDRESS** *Wash. D.C.*

**18. 442 X**

**CAUSE OF DEATH**

**DISEASE OR CONDITION DIRECTLY LEADING TO DEATH**  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

**INTERVAL BETWEEN ONSET AND DEATH**

**ANTECEDENT CAUSES**

**DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.**

**OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

**19a. DATE OF OPERATION** *0*

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH** ☐

**21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)**

**21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)**

**21d. TIME (Month) (Day) (Year) (Hour) OF INJURY**

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

**22. I hereby certify that I attended the deceased from 1940 to 10-13, 1951, that I last saw the deceased alive on 10-13, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.**

**23a. SIGNATURE** *W. B. Butler* M. D.

**23b. ADDRESS** *2033 Cent Hill*

**23c. DATE SIGNED** *10/16/51*

**24a. BURIAL, CREMATION, REMOVAL (Specify)** *Burial*

**24b. DATE** *Oct. 17-51*

**24c. NAME OF CEMETERY OR CREMATORY** *New Baltimore*

**24d. LOCATION (City, town, or county)** *Edmonson Ave. Balt. Md.*

**DATE RECEIVED BY LOCAL REGISTRAR** *OCT 16 1951*

**REGISTRAR'S SIGNATURE** *Walter G. Williams, Jr.*

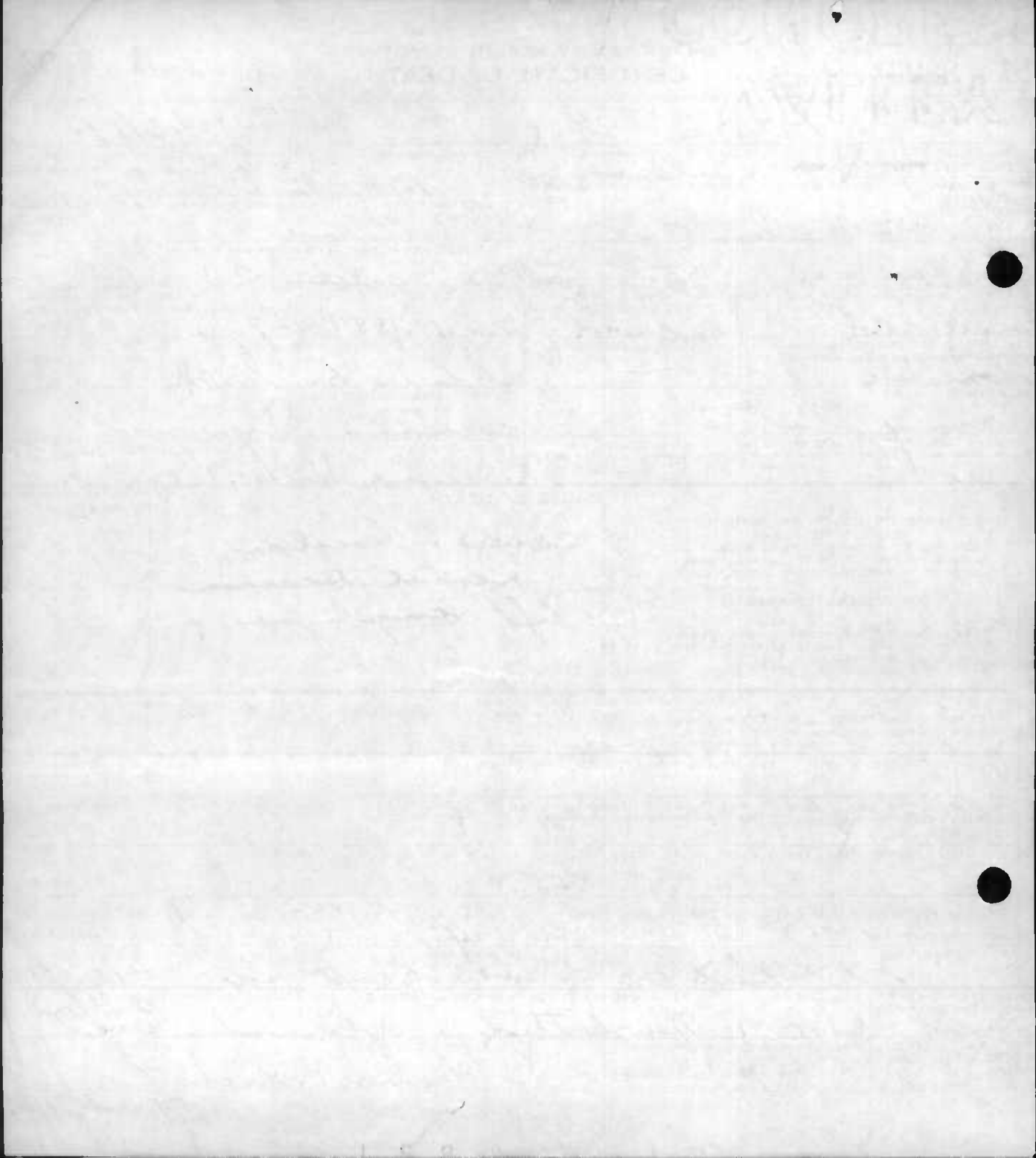
**25. FUNERAL DIRECTOR** *Charles E. Hicks*

**ADDRESS** *Fried. Md.*

**VS 150**

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CERTIFICATE CORRECTED 10-23-51

51 8894

51 8894

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. M-600

1. NAME OF DECEASED  
(Type or Print) JOHN FRANCIS MOORE

2. DATE OF DEATH Oct. 15, 1951

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Pennsylvania B. COUNTY V-35

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION US Public Health Service

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Pittsburgh

7. Address  
Woman Pl. Drive & 31st St.

8. STREET ADDRESS (If rural, give location)  
405 Natchez Street

9. Length of stay in Baltimore

Yrs.  
Mos.  
Days

10. SEX M 11. COLOR OR RACE W 12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

13. DATE OF BIRTH 3/30/02 14. AGE (In years last birthday) 49 15. Under 1 Year Months: Days 16. Under 24 Hours Hours: Min.

17. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman

18. KIND OF BUSINESS OR INDUSTRY Seafarer

19. BIRTHPLACE (State or foreign country) Pa.

20. CITIZEN OF WHAT COUNTRY? USA

21. FATHER'S NAME William F. John Moore

22. MOTHER'S MAIDEN NAME Anna Burke

23. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) ?

24. SOCIAL SECURITY NO. ?

25. INFORMANT ADDRESS Records- US PHS HOSPITAL, Balto, Md.

26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) Acute hemorrhagic pancreatitis, suspected ?

DUE TO (B) Encephalomalacia due to fat embolus of right lenticulostriate artery, suspected ?

DUE TO (C) Gastritis acute due to ethyl alcohol, suspected ?

27. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

29. DATE OF OPERATION

30. MAJOR FINDINGS OF OPERATION

31. AUTOPSY? YES ☐ NO ☒

32. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

33. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

34. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

35. TIME (Month) (Day) (Year) (Hour) INJURY

36. INJURY OCCURRED

37. HOW DID INJURY OCCUR?

38. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

39. I hereby certify that I attended the deceased from Oct. 15, 1951, to Oct. 15, 1951, that I last saw the deceased alive on Oct. 15, 1951 and that death occurred at 11:25 P. M., from the causes and on the date stated above.

40. SIGNATURE John L. Wilson, Medical Director

41. ADDRESS US PHS HOSPITAL, BALTO, MD.

42. DATE SIGNED 10/16/51

43. BURIAL, CREMATION, REMOVAL (Specify)

44. DATE

45. NAME OF CEMETERY OR CREMATORY

46. LOCATION (City, town, or county) (State)

47. DATE RECEIVED BY LOCAL REGISTRAR

48. REGISTRAR'S SIGNATURE

49. FUNERAL DIRECTOR

50. ADDRESS

62-100000-100000 (c)

RECEIVED  
JAN 10 1962  
U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR  
SUBJECT: [Illegible]  
DATE: [Illegible]

TO: [Illegible]  
FROM: [Illegible]  
RE: [Illegible]

1. [Illegible]  
2. [Illegible]  
3. [Illegible]

4. [Illegible]  
5. [Illegible]  
6. [Illegible]

7. [Illegible]  
8. [Illegible]  
9. [Illegible]

10. [Illegible]  
11. [Illegible]  
12. [Illegible]

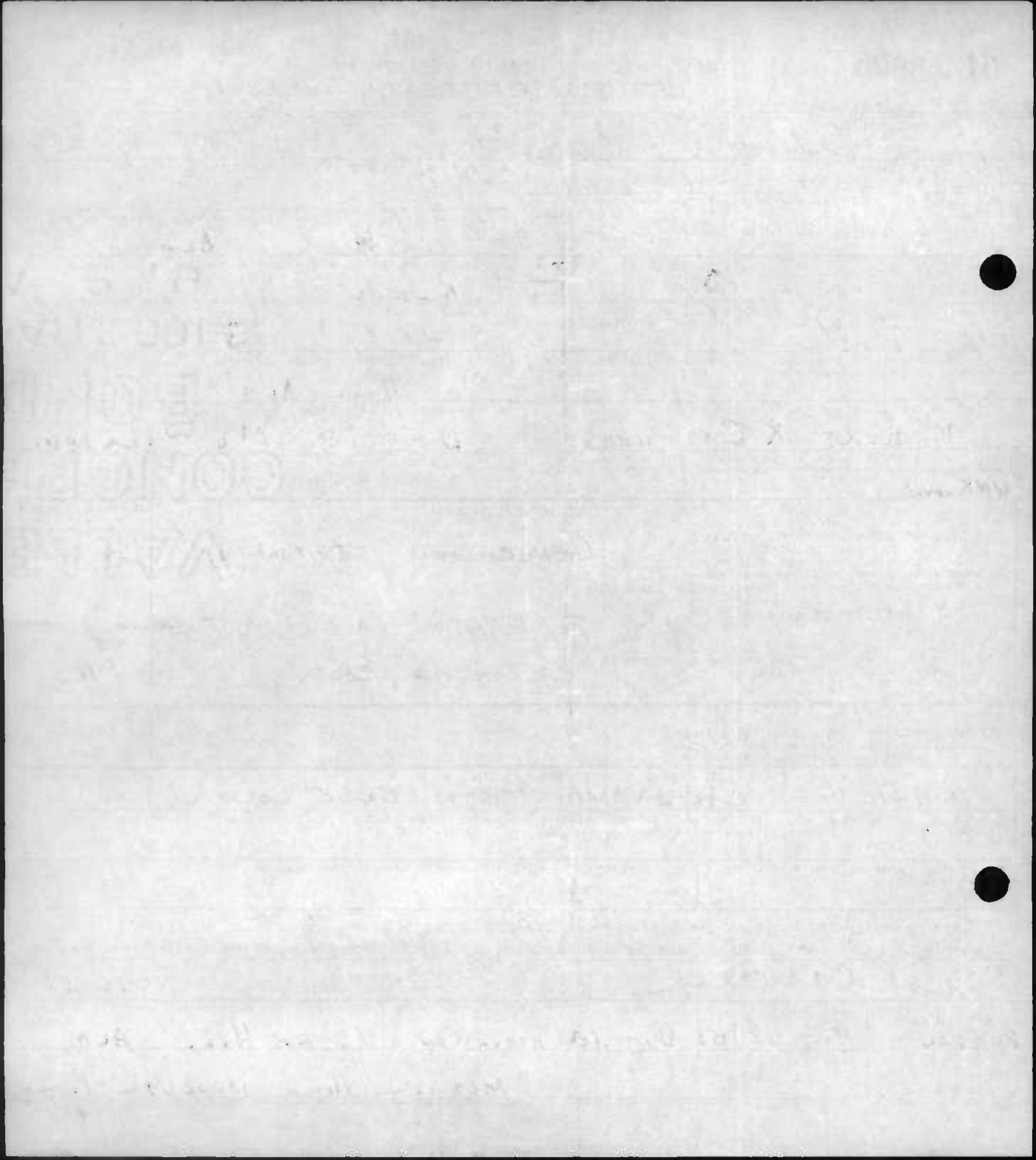
C-636  
51 8895

51 8895

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <u>Edward Carothers</u>		2. DATE OF DEATH <u>Oct 16, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>JOHNS HOPKINS HOSPITAL</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Ala.</u> B. COUNTY <u>V-01</u>			
6. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Oak Hill ALA.</u>			
C. Length of stay in Baltimore <u>10</u> Days		D. STREET ADDRESS (If rural, give location) <u>Rural</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>10-20-07</u>	9. AGE (in years last birthday) <u>43</u>	11. BIRTHPLACE (State or foreign country) <u>Oak Hill ALA.</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>ROBERT R CAROTHERS</u>		14. MOTHER'S MAIDEN NAME <u>DANNIE M. WILLIAMS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	
18. <u>153X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>GENERALIZED PERITONITIS</u> CAUSE OF DEATH (A) <u>PERFORATION COLON, POST-OP</u> DUE TO (B) <u>CARCINOMA, COLON</u> DUE TO (C) _____				INTERVAL BETWEEN ONSET AND DEATH <u>24 HRS</u>  <u>1 YR</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>10.9.51</u>		19B. MAJOR FINDINGS OF OPERATION <u>CARCINOMA TRANSVERSE COLON</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10/6</u> , 19 <u>51</u> , to <u>10/16</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10/16</u> , 19 <u>51</u> , and that death occurred at <u>12:28 P.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>W. Cantrell</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>10-16-51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>OCT. 18, 1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>BETH EL CHURCH Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Oak Hill ALA.</u>		25. FUNERAL DIRECTOR <u>MITCHELL HOME</u>		ADDRESS <u>1900 EUTAW PLACE</u>	



432  
51 8896BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8896

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Israel Peltz

2. DATE  
OF  
DEATH

10-15-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

The Sinai Hospital

C. Length of stay in Baltimore

45 yrs.

Yrs.  
Mos.  
Days5. SEX  
male6. COLOR OR RACE  
white7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
MARRIED

8. DATE OF BIRTH

1887

9. AGE (In years  
last birthday)

64

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Pants operator

10B. KIND OF BUSINESS OR  
INDUSTRY

factory

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Bernard Peltz

14. MOTHER'S MAIDEN NAME

Sarah ??

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elsie Peltz-302 S. Pulaski Street

18. 420.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Acute Myocardial Infarction

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arterio Sclerotic Heart Disease

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(A) Acute Urinary Retention

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15, 1951, to 10-15, 1951, that I last saw the  
deceased alive on 10-15, 1951, and that death occurred at 12<sup>00</sup> m., from the causes and on the date stated above.

23A. SIGNATURE

J. M. A. Leacy

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

10-15-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/17/51

24C. NAME OF CEMETERY OR CREMATORY

Bnai Jacob Congregation

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 17 1951

REGISTRAR'S SIGNATURE

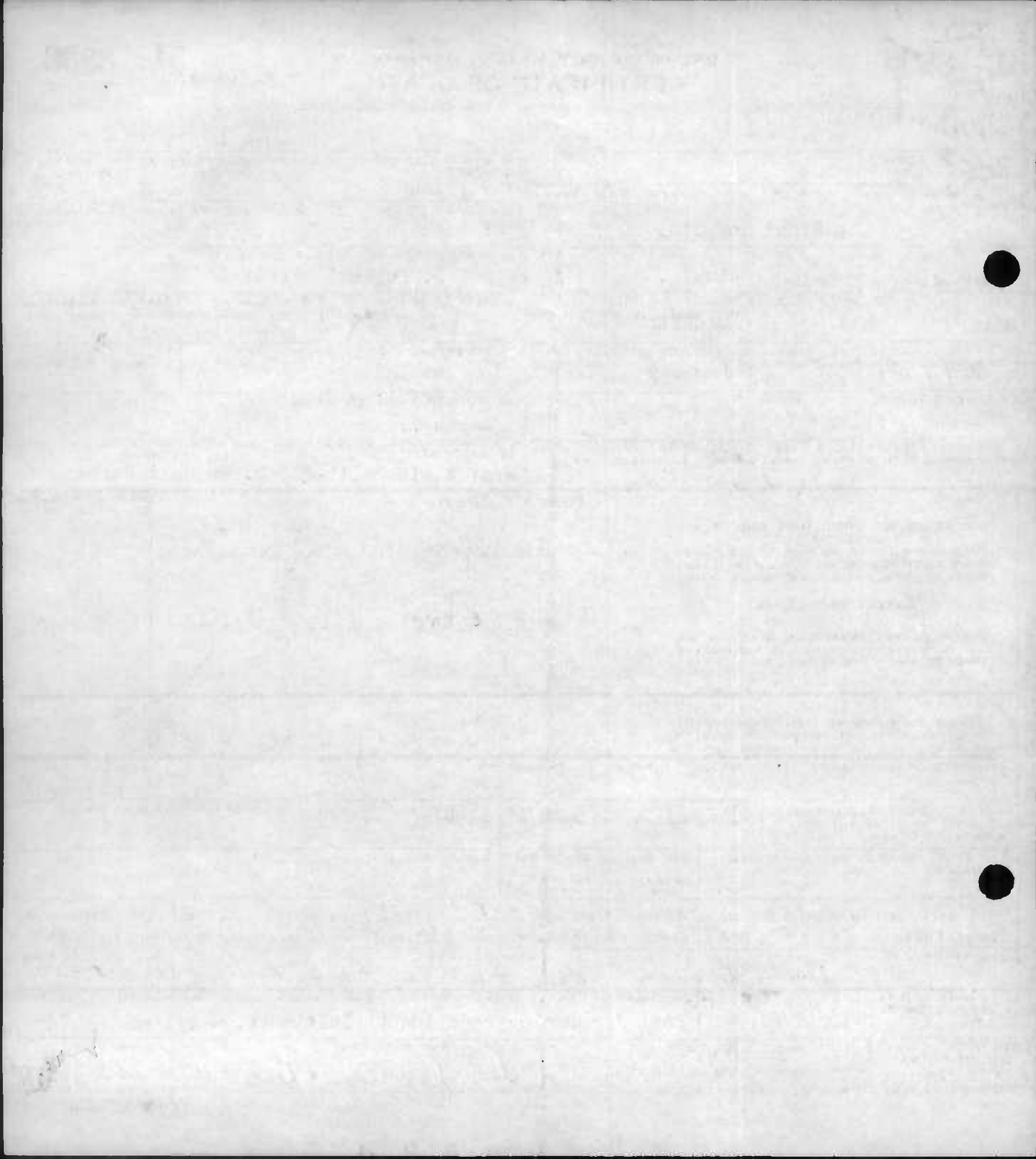
J. M. A. Leacy

25. FUNERAL DIRECTOR

Sol. Lerner + Bros. - 1124 26 W. North

ADDRESS

Avenue





656  
1 8897BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8897  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Kroener Lillie Mrs</i>		2. DATE OF DEATH <i>10/16/57</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>38 University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write R.U.M.L. and give township) <i>Baltimore</i> <i>LS-3</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2220 Cedar St</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>12/27/1907</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE (In years last birthday) <i>43</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>John Coker</i>		14. MOTHER'S MAIDEN NAME <i>Lillie Wilkins</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT ADDRESS <i>John L. Kroener, 2220 Cedar St.</i>
18. 023X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Multiple pulmonary infection 10 days</i> <i>(B) Joints arthritis &amp; Arterio sclerosis 3 years</i> <i>(C) ASCURD. &amp; Congestive failure &amp; it placed effusion, peripheral edema, &amp; cyanosis 2 years</i> CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hepato-megally &amp; Cardio-megally</i>			
19A. DATE OF OPERATION <i>10/19/57</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct 1</i> , 1957, to <i>Oct 16</i> , 1957, that I last saw the deceased alive on <i>Oct 16</i> , 1957, and that death occurred at <i>2:55</i> P.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>John W. Brown</i>		23B. ADDRESS <i>University Hospital</i>	
23C. DATE SIGNED <i>Oct 16, 1957</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/19/57</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Green-Warren Mem Pk.</i>		24D. LOCATION (City, town, or county) (State) <i>Ritchie Hgwy.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 17 1957</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>	
FUNDAL DIRECTOR <i>John J. Cowan &amp; Son</i>		FUNDAL DIRECTOR <i>John J. Cowan &amp; Son</i>	



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652  
8898BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8898  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JUNIOR GREENSTEIN</b>		2. DATE OF DEATH <b>10-16-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>3706 NORTON AVE</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>The Mount.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>43</b> Yrs. <del>Mo.</del> Days		D. STREET ADDRESS (If rural, give location) <b>2301 Anoka Ave</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7/1</b>
9. AGE (In years last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work and during what of working life, even if retired) <b>Dutcher</b>	
10A. USUAL OCCUPATION (Give kind of work and during what of working life, even if retired) <b>Dutcher</b>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Albert</b>		14. MOTHER'S MAIDEN NAME <b>Devonia</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Sonia Greenstein</b>		ADDRESS <b>Same</b>	
18. <b>163X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> <b>carcinoma of lung</b> DUE TO INTERVAL BETWEEN ONSET AND DEATH <b>11 mos.</b>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>10-17-51</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan 2</b> , 19 <b>51</b> , to <b>10-16</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-14</b> , 19 <b>51</b> , and that death occurred at <b>3P</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>Greenstein</b>		23B. ADDRESS <b>2320 Eutaw Pl</b>	
23C. DATE SIGNED <b>10/17/51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-17-51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Rosedale</b>		24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 17 1951</b>		REGISTRAR'S SIGNATURE <b>Wilmington Williams</b>	
25. FUNERAL DIRECTOR <b>Jack Lewis</b>		ADDRESS <b>2100 Eutaw Pl</b>	

MEDICAL CERTIFICATION

Kersh  
2370 E. 1st  
La 5737  
3001 Garrison Blvd  
MO 5062

255  
8899

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8899

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Emma Desmond</i>		2. DATE OF DEATH <i>10-13-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>B. COUNTY</i> <i>610 N. Bond St.</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>610 N. Bond St.</i>		C. CITY OR TOWN (If outside corporate limits, write M.R.A. and give township) <i>Balto. Md. 7-05</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>610 N. Bond St.</i>			
5. SEX <i>Female Colored</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>11-29-1894</i>	9. AGE (In years last birthday) <i>56</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>At home</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Joseph Elliott</i>		14. MOTHER'S MAIDEN NAME <i>Lottie Watson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT ADDRESS <i>Evelyn Frances 610 N. Bond St.</i>	
18. <i>170X</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cancer of both heart - mit to the lungs</i> (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>Jan 1951</i>		19B. MAJOR FINDINGS OF OPERATION <i>Cancer of the left heart.</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-10</i> , 1951 to <i>10-13</i> , 1951, that I last saw the deceased alive on <i>10-12</i> , 1951 and that death occurred at <i>9:45 AM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>George A. Adams</i>		23B. ADDRESS <i>2327 W. North Ave.</i>		23C. DATE SIGNED <i>10-16-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10-17-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Ann Arundel County Md.</i>		25. FUNERAL DIRECTOR <i>Kandolph J. Collick</i>		ADDRESS <i>1532 E. Biddle St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 17 1951</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, Md.</i>			

STATE OF TEXAS,  
COUNTY OF DALLAS.

Know all men by these presents, that

JOHN T. BARNES, of the County of Dallas, State of Texas,

do hereby certify that

JOHN T. BARNES, of the County of Dallas, State of Texas,

has this day executed the foregoing instrument,

and the same is hereby acknowledged.

Witness my hand and seal this

day of

19

at Dallas, Texas.

JOHN T. BARNES.

Notary Public for the State of Texas.

My commission expires this

day of

19

at Dallas, Texas.

JOHN T. BARNES.

Notary Public for the State of Texas.

My commission expires this

day of

19

240  
1 8900

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8900  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) *Shoockley Fred* 2. DATE OF DEATH *10.15.1957*

3. PLACE OF DEATH: A. Baltimore City, Maryland *Baltimore* 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE *Md.* B. COUNTY *Anne Arundel*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) *29 Provident Hospital* C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore County Welfare*

C. Length of stay in Baltimore *?* D. STREET ADDRESS (If rural, give location) *Brooklyn, Md 5200*

5. SEX *M* 6. COLOR OR RACE *C* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *W* 8. DATE OF BIRTH *2/14/1887* 9. AGE (In year last birthday) *67* 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Farmer* 10B. KIND OF BUSINESS OR INDUSTRY *Farm* 11. BIRTHPLACE (State or foreign country) *Dover, Del* 12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13. FATHER'S NAME *Elyah ?* 14. MOTHER'S MAIDEN NAME *Annie ?*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *no* 16. SOCIAL SECURITY NO. *?* 17. INFORMANT *James Shockley Gilmore St* ADDRESS *1349 N*

18. *4341* CAUSE OF DEATH *Chr. Congestive Heart Failure* INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) *Chr. Congestive Heart Failure*

ANTECEDENT CAUSES DUE TO (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10.5*, 1957, to *10.15*, 1957, that I last saw the deceased alive on *10.14*, 1957, and that death occurred at *6:05 A.m.*, from the causes and on the date stated above.

23A. SIGNATURE *G. Goniondakis* M. D. 23B. ADDRESS *Provident Hospital* 23C. DATE SIGNED *10.15.57*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *10/20/57* 24C. NAME OF CEMETERY OR CREMATORY *W. Auburn* 24D. LOCATION (City, town, or county) (State) *Md*

DATE RECEIVED BY LOCAL REGISTRAR *OCT 17 1957* REGISTRAR'S SIGNATURE *William H. Williams* 25. FUNERAL DIRECTOR *Geo. H. Kelso* ADDRESS *1303*

VS 150 *10010 Prestman St. 93E*

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346  
51 8901  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8901

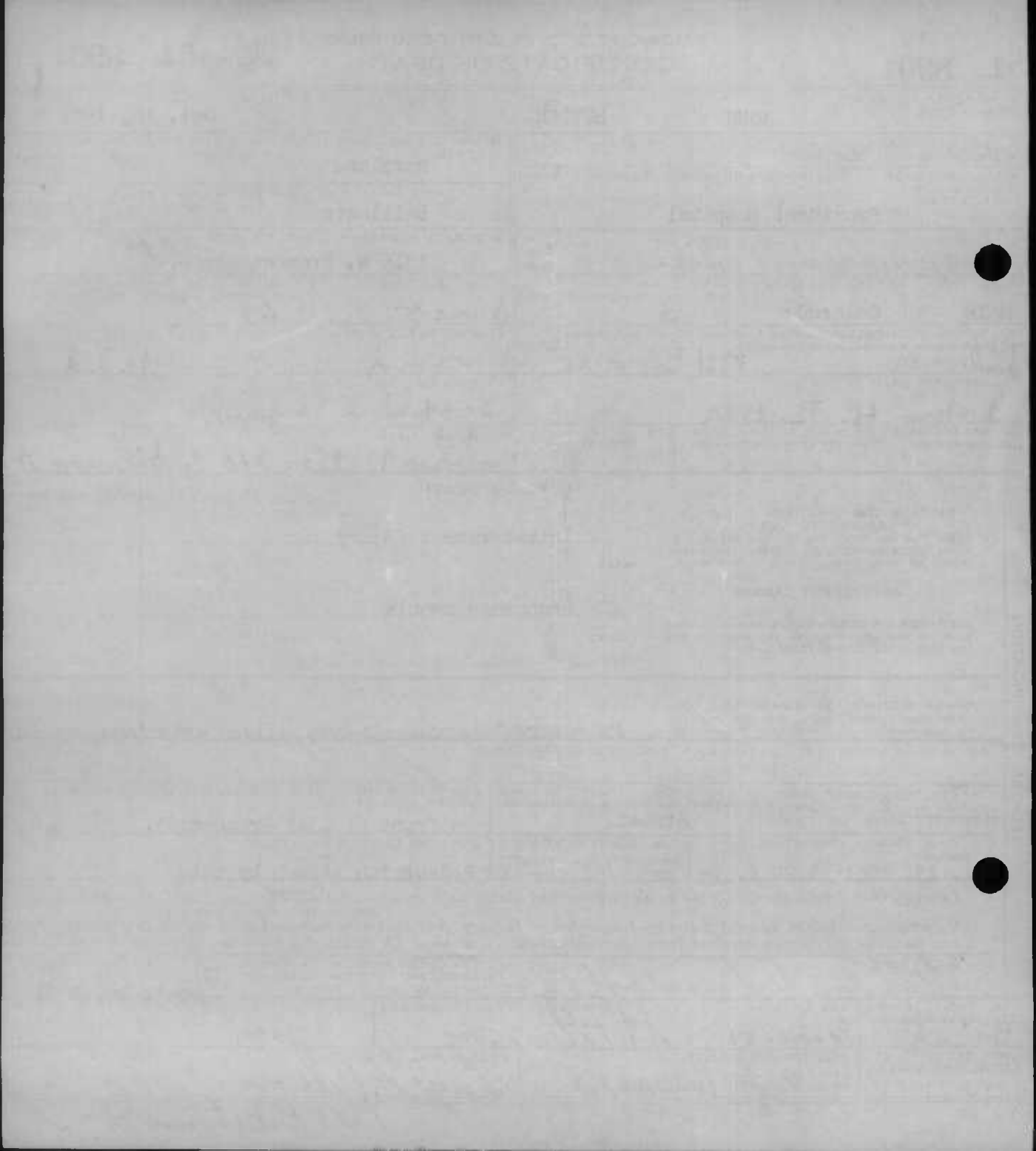
1. NAME OF DECEASED (Type or Print) <b>JOHN BUTLER</b>		2. DATE OF DEATH <b>Oct. 16, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>1315 N. Fremont Street</b>		E. LENGTH OF STAY IN BALTIMORE <b>Life</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>June 15</b>
9. AGE (In years last birthday) <b>61</b>		10. MONTHS <b>14</b>	11. DAYS <b>23</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Pitt Block Co</b>	
11. BIRTHPLACE (State or foreign country) <b>and</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>	
13. FATHER'S NAME <b>John H. Butler</b>		14. MOTHER'S MAIDEN NAME <b>Josephine Bryant</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>(Yes, no or unknown)</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Moses Butler</b>		ADDRESS <b>3107 N. Gilmore A</b>	

18. <b>E 812.4 and cor X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Intracerebral injury</b> DUE TO <b>(A) .....</b> <b>Bronchopneumonia</b> DUE TO <b>(B) .....</b> <b>(C) .....</b>		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Pulmonary tuberculosis-generalized arteriosclerosis</b>		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>In front of 1341 Fremont St.</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Oct. 13, 1951 1:20 A. m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Pedestrian struck by auto</b>
22. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		

23A. SIGNATURE <b>Stanley A. Deulacher</b>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>Oct. 16, 1951</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10-20-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St Peters cem</b>
24D. LOCATION (City, town, or county) <b>and</b>	24E. FUNERAL DIRECTOR <b>George E. Nelson</b>	24F. ADDRESS <b>1702 1303 Prentiss st</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 17 1951</b>		
REGISTRAR'S SIGNATURE <b>Hamington Williams</b>		
VS 151 <b>N-855.0 97024</b>		

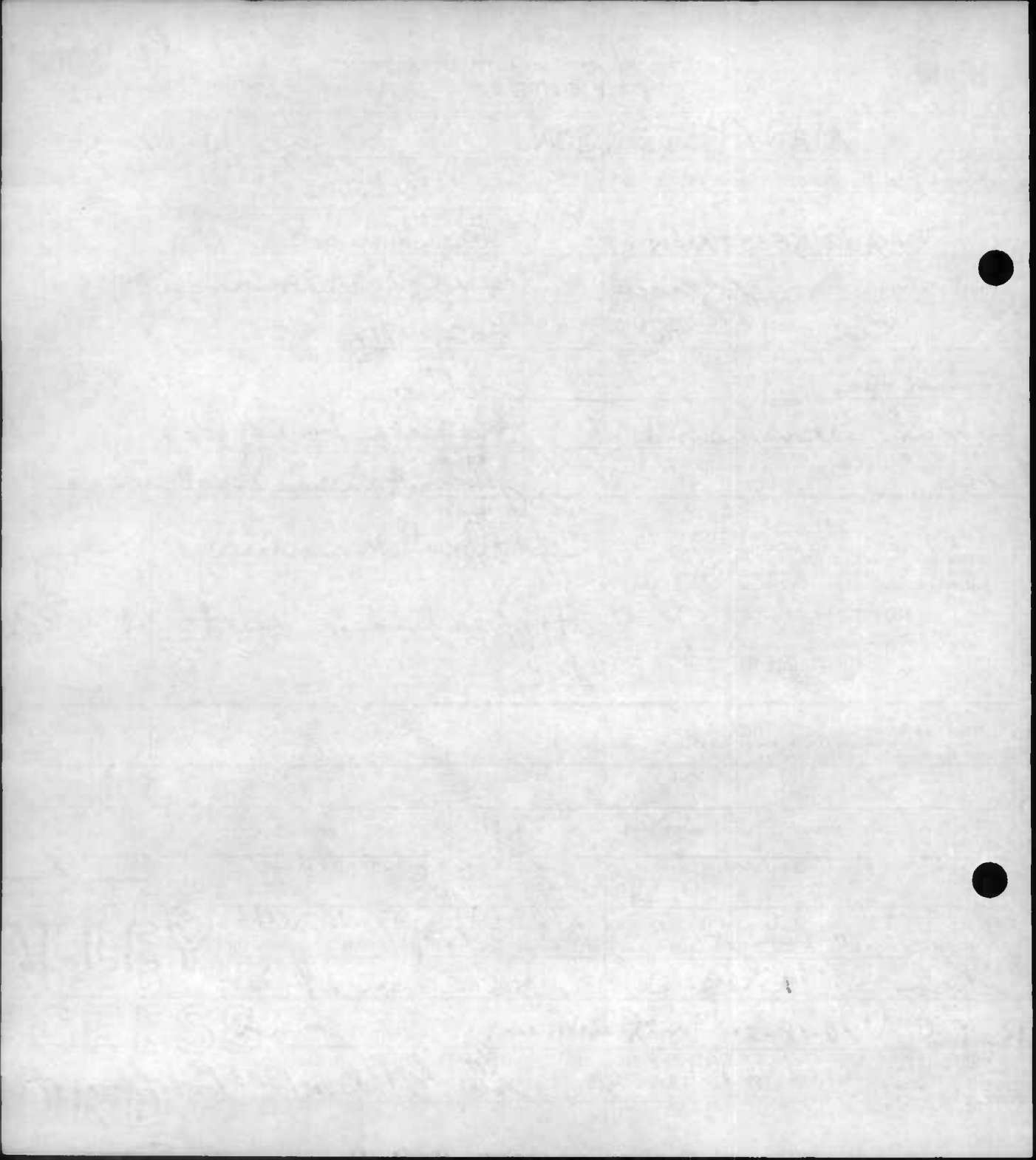
MEDICAL CERTIFICATION



362  
8902BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8902  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>MARY PETERSON</b>		2. DATE OF DEATH <b>10-14-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>1440 PRESSTMAN ST.</b>		C. CITY OR TOWN (If outside corporate limits, write FULLAL and give township) <b>Baltimore 15-01</b>			
6. Length of stay in Baltimore <b>15 years</b>		D. STREET ADDRESS (If rural, give location) <b>1440 Presstman St.</b>			
7. SEX <b>F</b>	8. COLOR OR RACE <b>Col</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>m</b>	10. DATE OF BIRTH <b>8-21-1914</b>	11. AGE (In years last birthday) <b>37</b>	12. If Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>S.C.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Julian Dimmond</b>		14. MOTHER'S MAIDEN NAME <b>Hattie Hughes</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>no.</b>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Joseph Peterson 1440 Presstman St.</b>	
18. <b>443 X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b> CAUSE OF DEATH (A) DUE TO <b>Hypertensive Heart</b> (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <b>1 day.</b> <b>1 wk.?</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-13-1951</b> , to <b>10-14-1951</b> , that I last saw the deceased alive on <b>10-14-1951</b> , and that death occurred at <b>6:00 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>George C. Page</b>		23B. ADDRESS <b>1816 N. Mount St.</b>		23C. DATE SIGNED <b>10-16-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-18-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mount Auburn</b>	
24D. LOCATION (City, town, or county) (State) <b>Md.</b>		25. FUNERAL DIRECTOR <b>Geo. S. Nelson</b>		25. ADDRESS <b>1303 Presstman St.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 17 1951</b>		REGISTRAR'S SIGNATURE <b>Wilmington Williams, M.D.</b>		ADDRESS <b>937</b>	

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8903

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>CLARENCE A. BARTHURST</b>		2. DATE OF DEATH <b>10/16/51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Mary Hosp.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Ind</b> B. COUNTY <b>20-03</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mary Hosp</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balti</b>	
6. LENGTH OF STAY IN BALTIMORE <b>22</b>		D. STREET ADDRESS (If rural, give location) <b>1914 W. Pratt St.</b>	
7. SEX <b>M</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	
10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed PAID OP. BOXER (M)</b>		10. B. KIND OF BUSINESS OR INDUSTRY	
11. FATHER'S NAME <b>John Barthurst</b>		12. MOTHER'S MAIDEN NAME <b>Urbmann to deceased</b>	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		14. SOCIAL SECURITY NO.	
15. DATE OF BIRTH <b>1917</b>		16. AGE (In years last birthday) <b>34</b>	
17. BIRTHPLACE (State or foreign country) <b>Penn</b>		18. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
19. INFORMANT		ADDRESS	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>410X I</b> <b>Rheumatic heart disease</b> (A) DUE TO <b>--severe, chronic --no evidence of activity at decease</b> (B) <b>Mitral stenosis and tricuspid insufficiency.</b> (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>24 yrs.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>10/19/51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10/12</b> , 19 <b>51</b> , to <b>10/16</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10/16</b> , 19 <b>51</b> , and that death occurred at <b>8 P</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Anthony J. Di Giovanni</b>		23B. ADDRESS <b>Mary Hosp.</b>		23C. DATE SIGNED <b>10/16/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/19/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Meadow Ridge</b>	
24D. LOCATION (City, town, or county) (State) <b>Balti Md</b>		25. FUNERAL DIRECTOR <b>Geo. L. Schwal</b>		ADDRESS <b>2101 Frederick Rd.</b>	

See Document File 51-8903

10/26/51

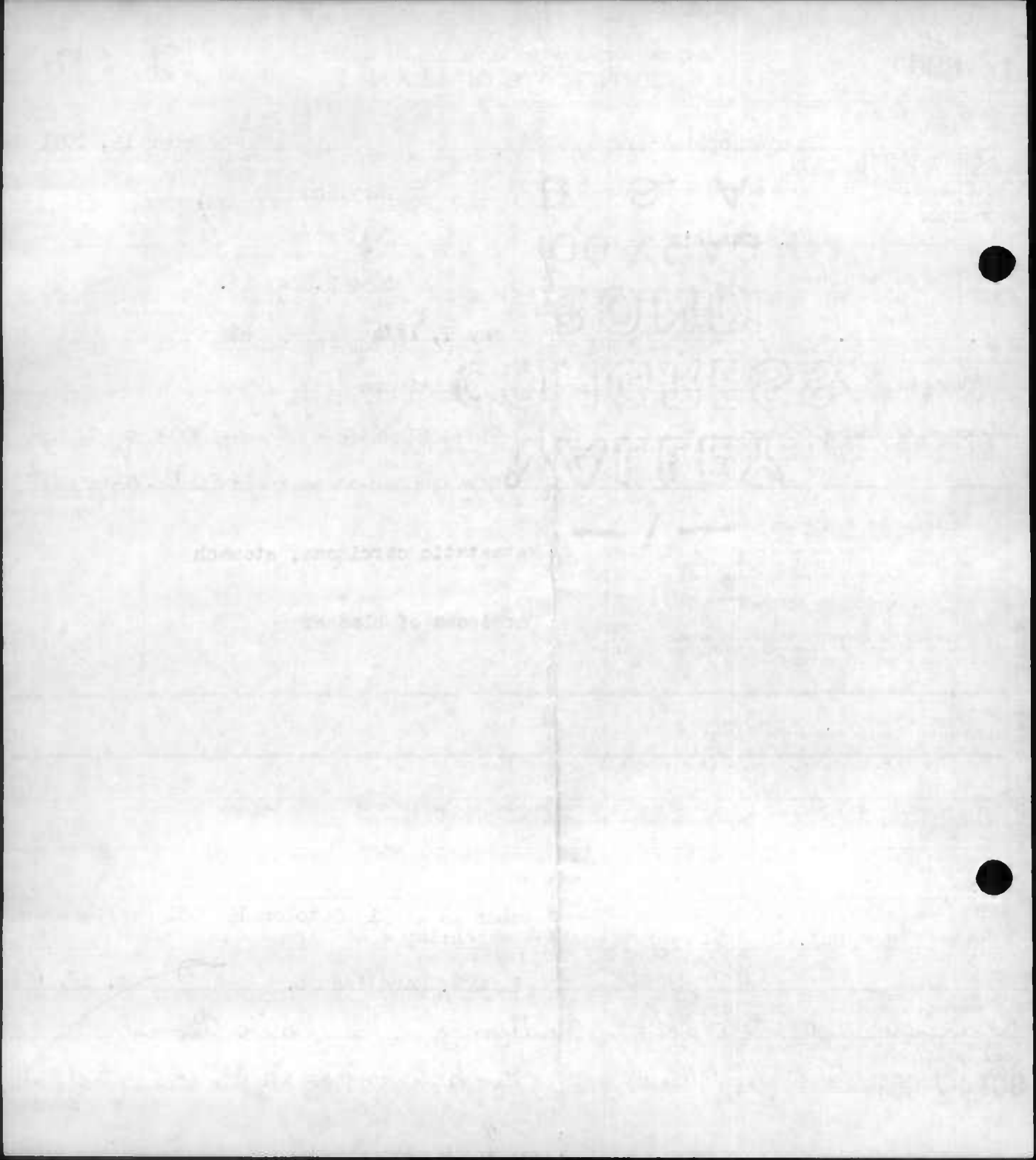
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630  
51 8904BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8904

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mamie Sophie Ford		October 15, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's		A. STATE Maryland			
C. Length of stay in Baltimore		B. COUNTY Baltimore			
5. SEX F.		C. CITY OR TOWN Baltimore			
6. COLOR OR RACE W.		D. STREET ADDRESS (If rural, give location) 1856 N. Gay St.			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 1, 1885			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		9. AGE (In years last birthday) 66			
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George Hagerman		14. MOTHER'S MAIDEN NAME Caroline Klingmeyer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs Hagerman 1856 N. Gay St.	
18. 181X I		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Metastatic carcinoma, stomach			
ANTECEDENT CAUSES		(B) Carcinoma of bladder			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from October 15, 1951 to October 15, 1951, that I last saw the deceased alive on Oct. 15, 1951 and that death occurred at 4:10 p.m., from the causes and on the date stated above.					
23A. SIGNATURE B. B. B. B. B.		23B. ADDRESS M. D. 3100 N. Caroline St.		23C. DATE SIGNED Oct. 15, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct 18 1951		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) Belair Road		24E. FUNERAL DIRECTOR Leo S. Leach		24F. ADDRESS 1701-03 N. Patterson Park	
DATE RECEIVED BY LOCAL REGISTRAR OCT 17 1951		REGISTRAR'S SIGNATURE Wm. J. Williams		25. FUNERAL DIRECTOR ADDRESS	





753  
51 8905

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8905

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		HENRY BLAND		October 11, 1951	
3. PLACE OF DEATH:					
A. Baltimore City, Maryland					
B. FULL NAME OF (If not in hospital or institution, give street address or location)					
Provident Hospital					
C. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
A. STATE Maryland					
B. COUNTY					
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
Baltimore					
D. STREET ADDRESS (If rural, give location)					
918 Jordan Alley					
E. Length of stay in Baltimore					
Yrs. Mos. Days					
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Male		Colored		Single	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
Laborer		Construction		Aug. 7, 1920	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		9. AGE (In years last birthday)	
Md.		U. S. A.		31	
13. FATHER'S NAME					
Guss Thornton					
14. MOTHER'S MAIDEN NAME					
Ruth Mosby					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)					
no					
16. SOCIAL SECURITY NO.					
Ella Bacon - 5706 W. Middle St.					

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
Rheumatic heart disease			
DUE TO			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(B)			
(C)			
II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED	
William J. Smith		M.D.		Oct. 11, 1951	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town or county) (State)	
Burial		10-18-51		Mt. Calvary		Cedar Hill Chd.	

DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
OCT 17 1951		Huntington Williams, Jr.		W. Halstead		918 -	

VS 151  
9702 y 58 D Laurel Hill Ave.



460  
51 8906  
ND-147920  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8906  
Registered No.

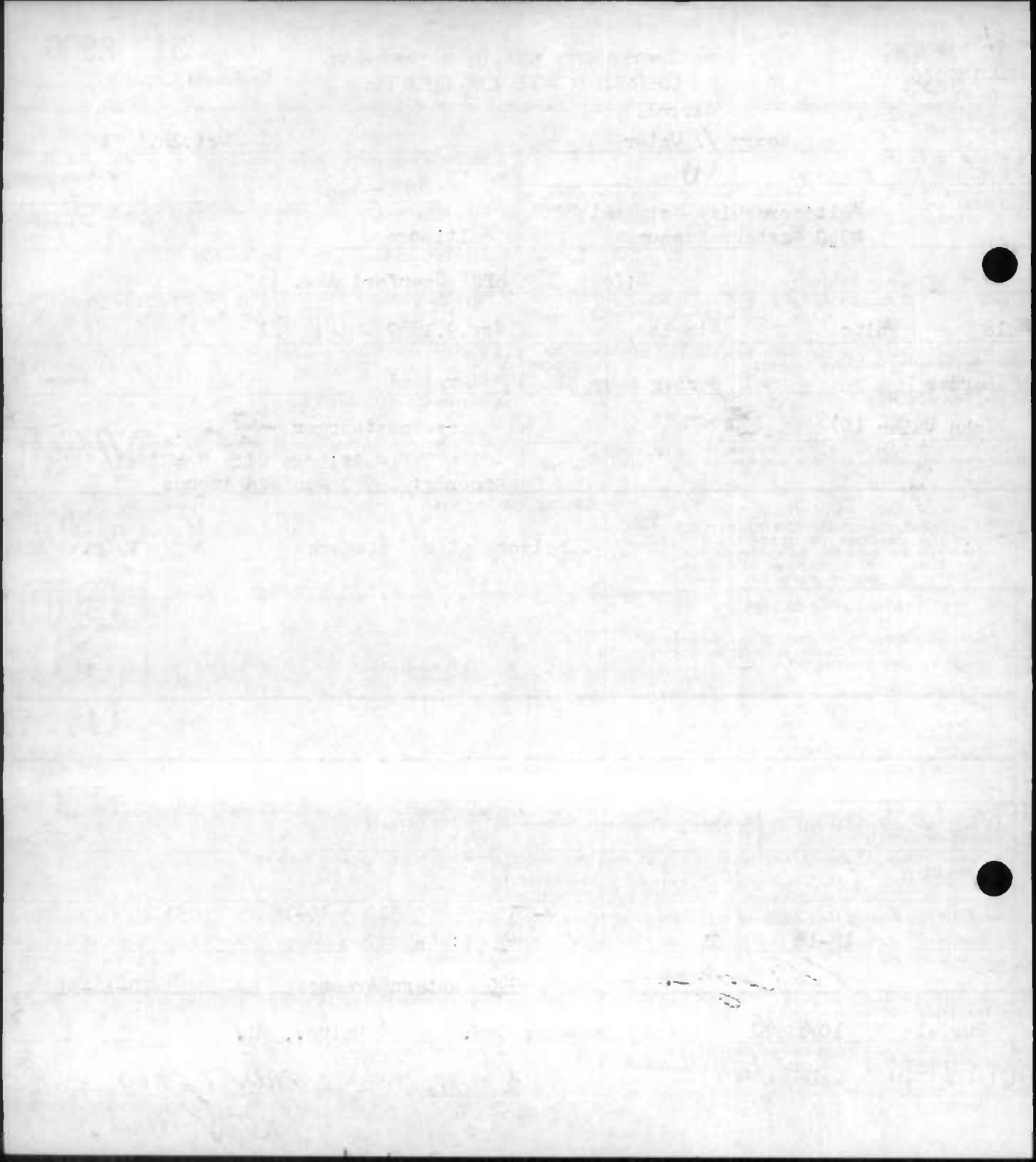
1. NAME OF DECEASED (Type or Print) <b>Carroll Henry J. Uhler</b>		2. DATE OF DEATH <b>Oct. 16, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals 4940 Eastern Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>5106 Beaufort Ave. (15)</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Nov. 9, 1889</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Barber Shop</b>	9. AGE (in years last birthday) <b>61</b>
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>John Uhler (D)</b>		14. MOTHER'S MAIDEN NAME <b>Mary Ernstberger</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Baltimore City Hospitals Records: 4940 Eastern Avenue</b>		ADDRESS	

18. <b>151X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of the stomach</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 Yr.</b>
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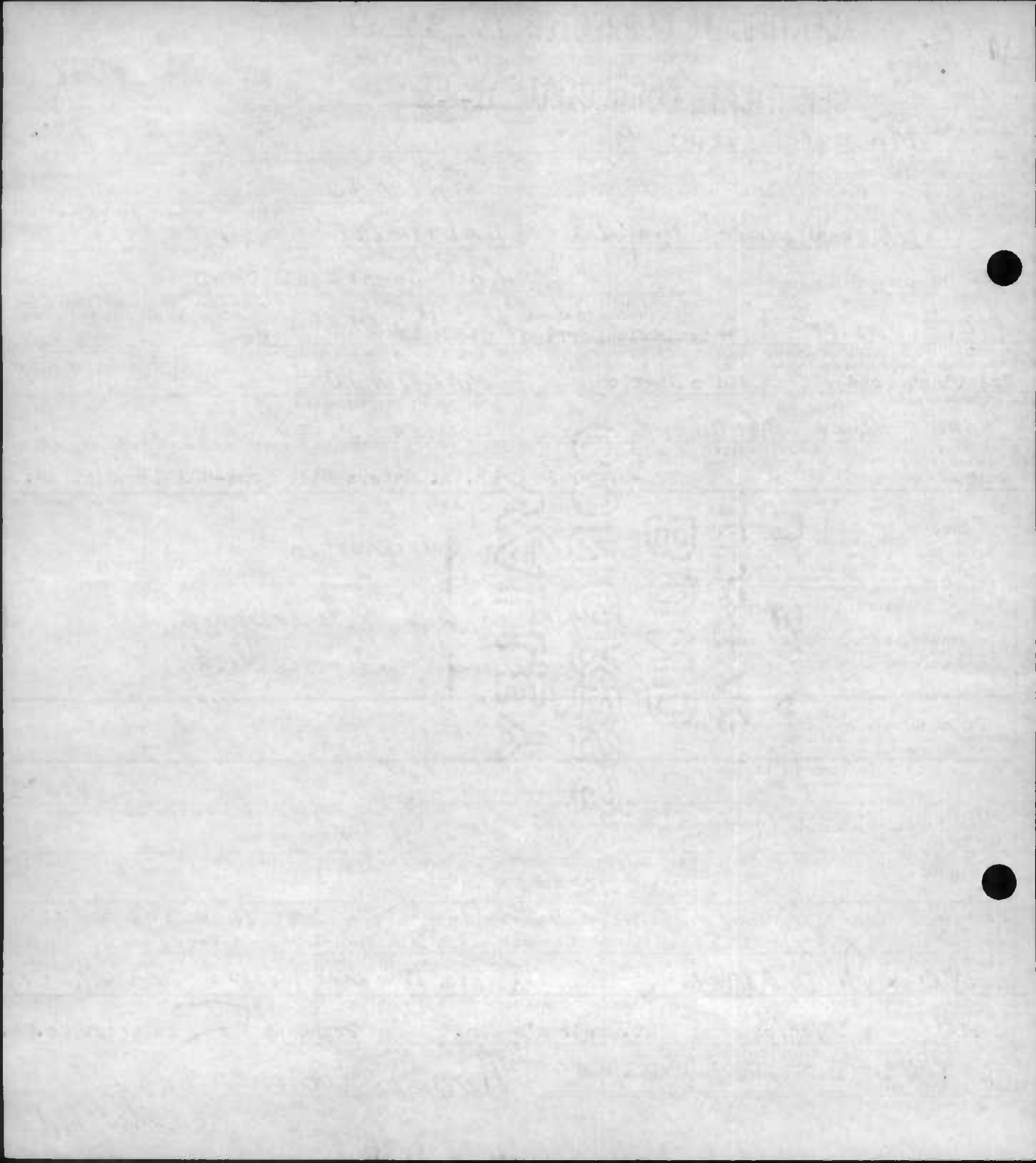
19A. DATE OF OPERATION <b>10/19/51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>4-23</b> , 19 <b>51</b> , to <b>10-16</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-16</b> , 19 <b>51</b> , and that death occurred at <b>7:40 a. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>R. S. Hogan</b>		23B. ADDRESS <b>4940 Eastern Avenue</b>		23C. DATE SIGNED <b>10-16-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/19/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cem.</b>	
24D. LOCATION (City, town, or county) <b>Balto., Md.</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 17 1951</b>		24F. REGISTRAR'S SIGNATURE <b>William M. Williams</b>	
24G. FUNERAL DIRECTOR <b>Wm. J. Lickner &amp; Sons</b>		24H. ADDRESS <b>Balto., Md.</b>		24I. VS 150	

740FF

Balto., Md. 46B



416	CERTIFICATE CORRECTED	10-30-51
51 8907	BALTIMORE CITY HEALTH DEPARTMENT	Registered No. 51 8907
BIRTH NO.	CERTIFICATE CORRECTED	11-2-51
1. NAME OF DECEASED (Type or Print) MILBOURNE, Lewis M.		2. DATE OF DEATH 10-16-51
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-14
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 603 SOMERSET ROAD.
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President (rtd)		10B. KIND OF BUSINESS OR INDUSTRY Radio Station
13. FATHER'S NAME Robert Henry Milbourne		14. MOTHER'S MAIDEN NAME LOUISE MILES
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 220-07-3092
17. INFORMANT Mr. L. Waters Milbourne-603 Somerset Rd.		ADDRESS
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Acute pneumonia DUE TO ANTECEDENT CAUSES Generalized arteriosclerosis DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension undivascular disease II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from October 16, 1951, to Oct. 16, 1951, that I last saw the deceased alive on Oct. 16, 1951, and that death occurred at 10:40 A.M., from the causes and on the date stated above.		
23A. SIGNATURE William J. Anderson		23B. ADDRESS Union Memorial Hosp.
23C. DATE SIGNED 10-16-51		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/18/51
24C. NAME OF CEMETERY OR CREMATORY St. Andrew's Cem.		24D. LOCATION (City, town, or county) (State) Princess Anne, Somerset Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR OCT 17 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Wm. J. Ticker & Sons		ADDRESS 935 Baeto Md.





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 8908**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**ROBERT L. GRAY**

2. DATE  
OF  
DEATH

**Oct. 16, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**Franklin Square Hospital**

Yrs.  
Mos.  
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

**Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**2301 W. Baltimore Street**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**single**

8. DATE OF BIRTH

**Oct. 6, 1913**

9. AGE (in years last birthday)

**38**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Paper Hanger**

10B. KIND OF BUSINESS OR INDUSTRY

**Private Home Papering**

11. BIRTHPLACE (State or foreign country)

**Maryland**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Robert C. Gray**

14. MOTHER'S MAIDEN NAME

**Lenore Sands**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

**yes**

**World War II**

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Mrs. Elizabeth Lilly - 502 Sunset Rd.**

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary artery sclerosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED  
**Oct. 16, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**10/19/51**

24C. NAME OF CEMETERY OR CREMATORY

**Balto. National Cem.**

24D. LOCATION (City, town, or county)

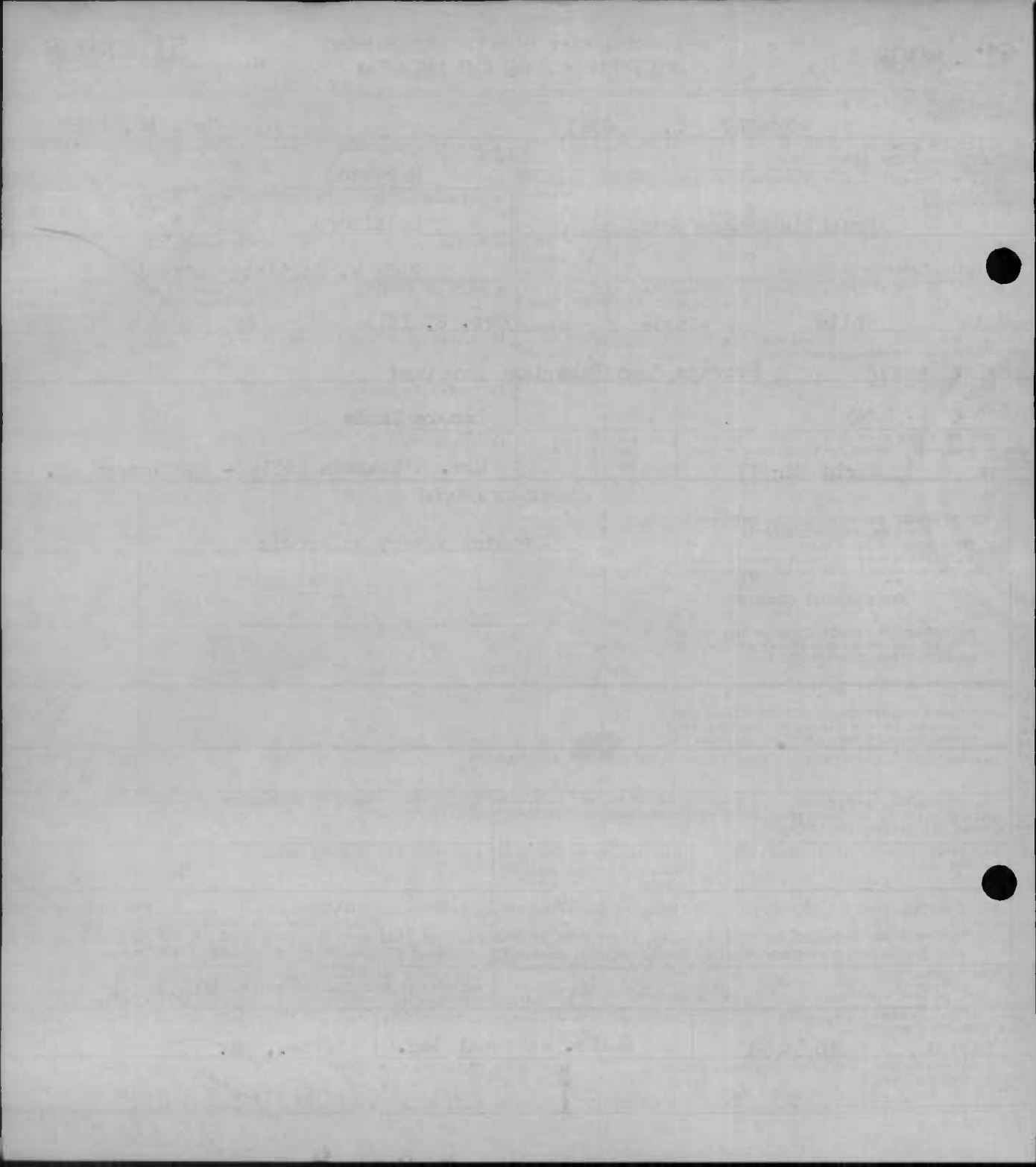
**Balto., Md.**

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR



526

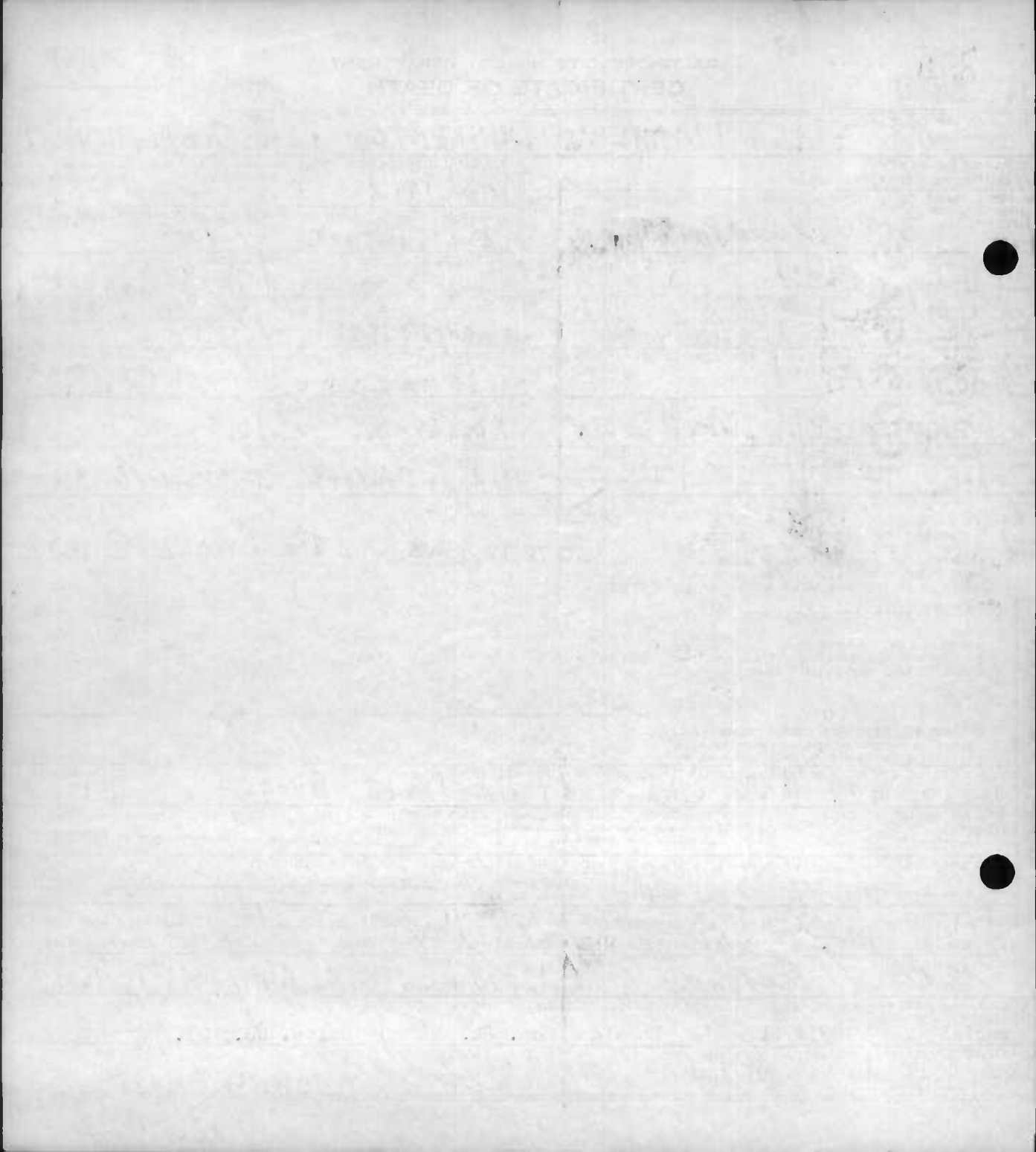
1 8909

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8909  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>ELLA MATTHEWS DUNKERTON</b>			2. DATE OF DEATH <b>October 16, 1957</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>28-01</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>3010 Howard Park Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore - 728-01</b>		
C. Length of stay in Baltimore <b>15</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>3010 Howard Park Avenue</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>January 29, 1902</b>	9. AGE (In years last birthday) <b>49</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <b>Edgar G. Matthews</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
11. BIRTH PLACE (State or foreign country) <b>Tennessee</b>			14. MOTHER'S MAIDEN NAME <b>Kathryn Blake</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Mr. Roger Dunkerton</b>			ADDRESS <b>3010 Howard Park Ave - 72</b>		

18. <b>170x I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of the Breast</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>Jan 20, 1949</b>		19B. MAJOR FINDINGS OF OPERATION <b>Carcinoma of the Right Breast</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) <b>INJURY</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept. 11, 1950</b> to <b>Oct 16, 1951</b> that I last saw the deceased alive on <b>Oct. 16, 1951</b> and that death occurred at <b>2:55 A.M.</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>William T. Traylor</b>		23B. ADDRESS <b>3400 Woodbine Ave. Balt. 7, Md.</b>		23C. DATE SIGNED <b>10/16/57</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/19/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Moreland Mem. Pk.</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto. Co., Md.</b>		25. FUNERAL DIRECTOR <b>Wm. J. Lickner &amp; Son</b>		ADDRESS <b>50 Balto. Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 17 1951</b>		REGISTRAR'S SIGNATURE <b>William T. Traylor</b>			



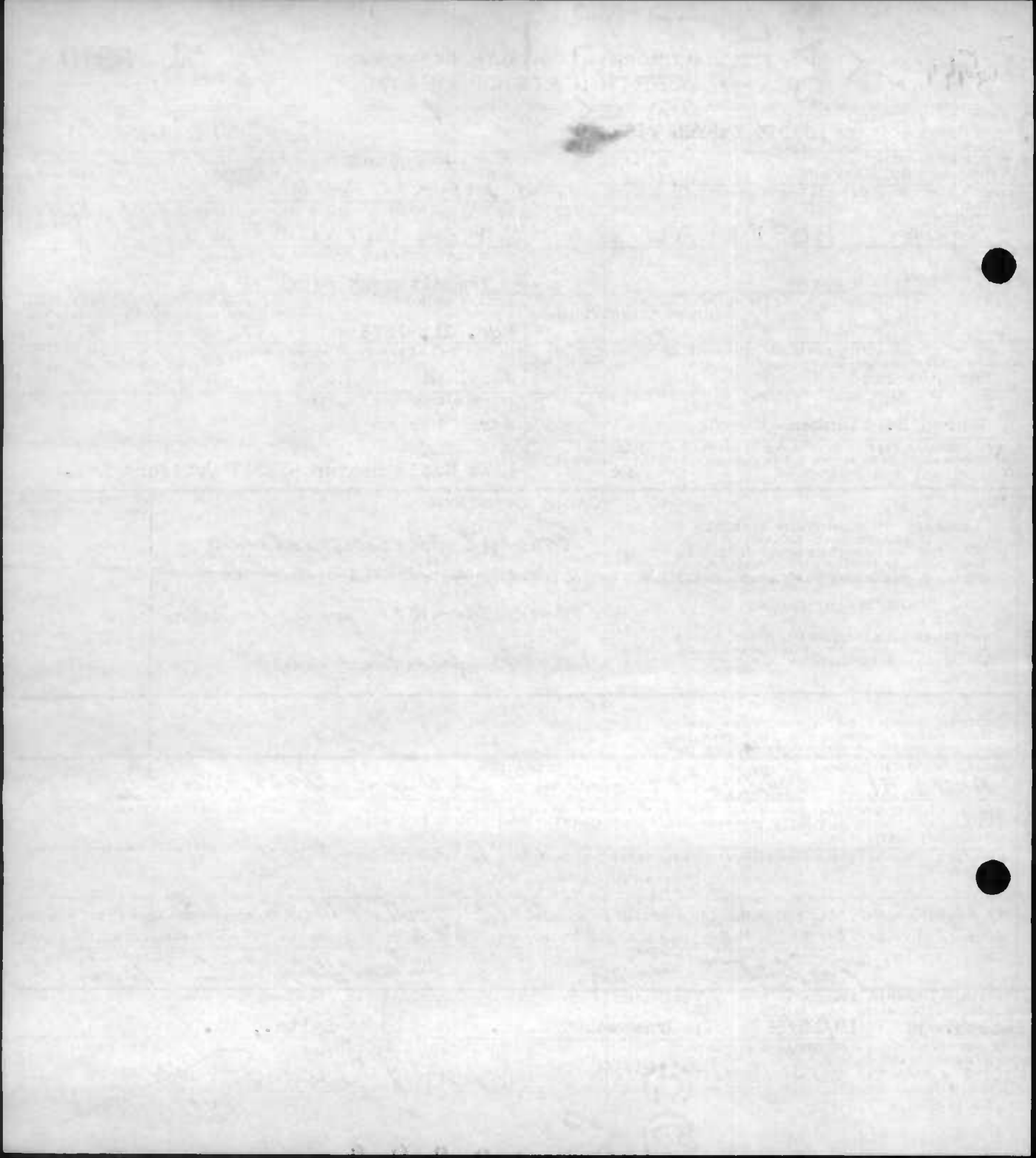
525  
51 8910BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8910  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>SADIE DuBREE TIENKEN</b>			2. DATE OF DEATH <b>10/16/51</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MARYLAND</b> b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>SINAI HOSPITAL</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <b>The Altamont Hotel</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>Nov. 21, 1878</b>	9. AGE (In years last birthday) <b>72</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Never Worked</b>			10b. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <b>George H. Tienken</b>			14. MOTHER'S MAIDEN NAME <b>Sarah Morgan</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>no</b>		
17. INFORMANT <b>Miss Sadie Deaver - 2817 Guilford Ave.</b>			ADDRESS		

18. <b>172X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>General Carcinomatosis (liver, peritoneum, mesenteric glands) from primary Ca of fundus uteri</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(A) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>9.20.51</b>		19B. MAJOR FINDINGS OF OPERATION <b>Exploratory laparotomy: Carcinomatosis peritonei</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9.13</b> 19 <b>51</b> to <b>10.16</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10.16</b> , 19 <b>51</b> , and that death occurred at <b>3:55 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Talbot Jones</b>		23B. ADDRESS <b>Linn Hospital</b>		23C. DATE SIGNED <b>10.16.51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>		24B. DATE <b>10/18/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Greenmount Maus.</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>		25. FUNERAL DIRECTOR <b>Wm. J. Lickner &amp; Sons</b>		ADDRESS <b>Balto Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 17 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. J. Lickner</b>			



462  
1 8911BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8911  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MARY E. Clark</b>		2. DATE OF DEATH <b>Oct. 15, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>JOHNS HOPKINS HOSPITAL</b>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, 13-07</b>	
C. Length of stay in Baltimore <b>life</b>		D. STREET ADDRESS (If rural, give location) <b>3750 Beech Ave</b>	
5. SEX <b>Female</b>	6. COLOR or RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>3-14-13</b>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		9B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>38</b>
10. FATHER'S NAME <b>Howard S. Schwarz</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Louise Wilson</b>	
15. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b>		ADDRESS	

18. <b>175X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinomatosis</b>	CAUSE OF DEATH (A) <b>Carcinomatosis</b> DUE TO (B) <b>Papillary carcinoma ovary bilateral</b> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b> <b>11 mos</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>bronchopneumonia</b> <b>cachexia</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>11</b>		

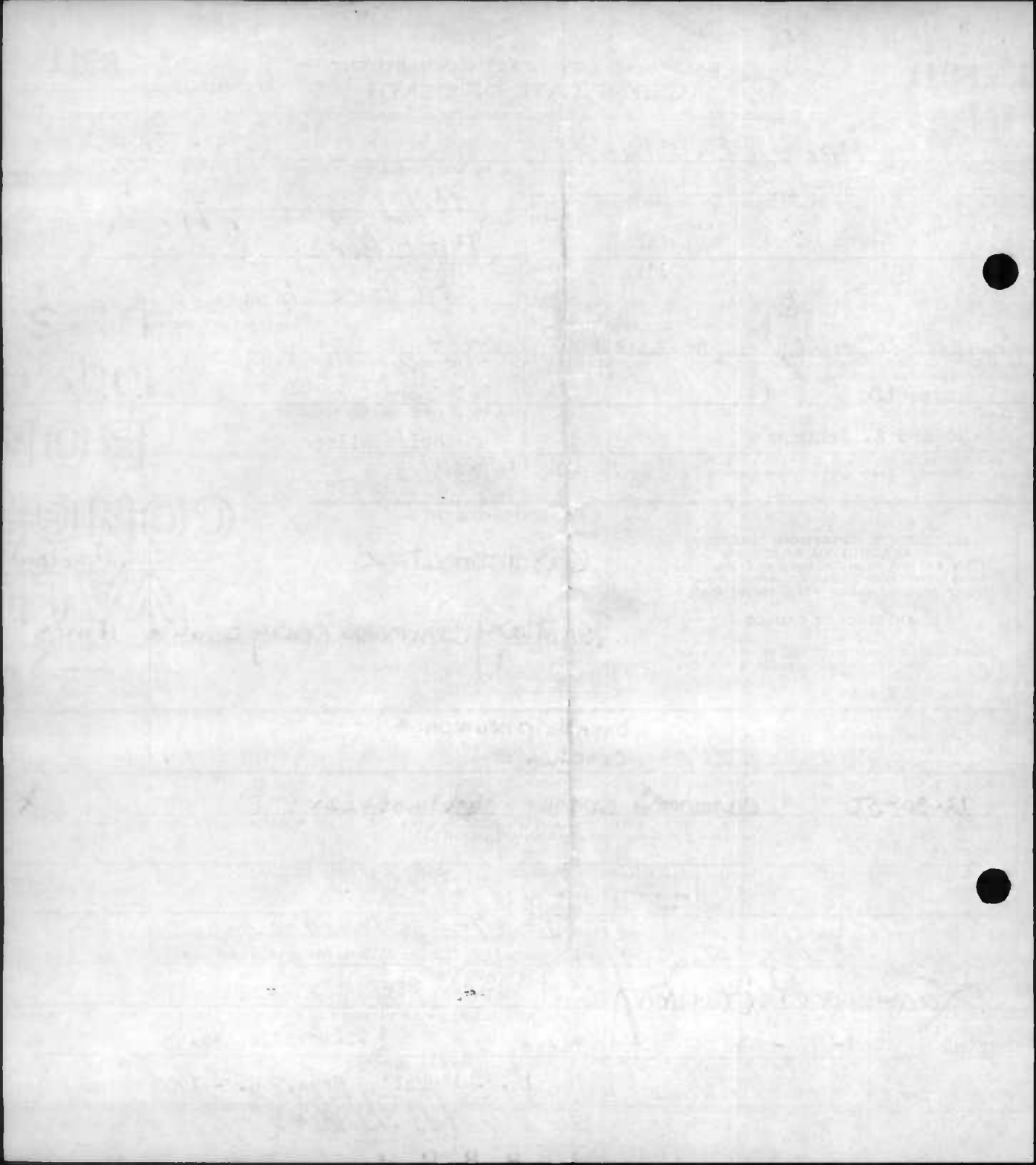
19A. DATE OF OPERATION <b>12-30-50</b>	19B. MAJOR FINDINGS OF OPERATION <b>carcinoma ovaries &amp; metastases</b>	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>8-27-</b> , 19 <b>51</b> , to <b>10-15-</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-16-</b> , 19 <b>51</b> , and that death occurred at <b>m.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>Lourence R. Williams</b>	23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>	23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>1-17-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge</b>
24D. LOCATION (City, town, or county) (State) <b>Pikesville, Md.</b>		

DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 17 1951</b>	REGISTRAR'S SIGNATURE <b>Lourence R. Williams</b>	25. FUNERAL DIRECTOR <b>J.O. Mitchell &amp; Sons, Inc.</b>	ADDRESS <b>- 1900 Eutaw Place</b>
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J.B. Mitchell

49a





210  
51 8912BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8912

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EMILY BILES BUZBY

2. DATE  
OF  
DEATH

OCT. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

LONG GREEN NURSING HOME

C. Length of stay in Baltimore

LIFE

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

OWN HOME

13. FATHER'S NAME

JOSEPH S. BILES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

MAY 1, 1895

9. AGE (In years  
last birthday)

56

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

AUGUSTA OBERLANDER

17. INFORMANT

WILLIAM J. BUZBY

ADDRESS

SAME

18. 331X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral Hemorrhage

about 1hr

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Arteriosclerosis and  
Hypertension

about 3yrs

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12th, 1951, to Oct. 15th, 1951 that I last saw the deceased alive on Sept. 27, 1951, and that death occurred at 2:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Geo. W. Murgatroy, M.D.

23B. ADDRESS

401 E. 25th. St. Balto. Md. 10/17/51

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-18-1951

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H.W. JENKINS &amp; SONS Co. 4905 YORK RD.

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR, FBI

DATE: 10/11/61

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

235  
8913

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8913

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MARY L. FAISTENHAMER		OCT 16, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
JOHNS HOPKINS HOSPITAL		A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
JOHNS HOPKINS HOSPITAL		BALTIMORE 27-48	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Yrs. Mos. Days		506 HARWOOD AVE.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
FEMALE	White	SINGLE	8-28-93
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
None		none	58
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Balto. Md.		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
FRANK FAISTENHAMER		KATHERINE SNYDER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No			
17. INFORMATION		ADDRESS	
JOHNS HOPKINS HOSPITAL			
18. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			4 years
(A) Carcinoma of left breast with metastases			
DUE TO			
ANTECEDENT CAUSES			
(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
2			
20. AUTOPSY?			
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from 9-10-1951 to 10-16-1951, that I last saw the deceased alive on 10-16-1951, and that death occurred at 4 A.M., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	23C. DATE SIGNED
R. R. Martin		JOHNS HOPKINS HOSPITAL	OCT-16-1951
M. D.			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Cremation	OCT 19 1951	London Park	Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS	
OCT 17 1951	Washington Williams, Md.	H. J. Jenkins Smith 4905 York Rd.	

UNITED STATES  
DEPARTMENT OF  
INTERIOR  
BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

BIRTH NO.

## 51 8914

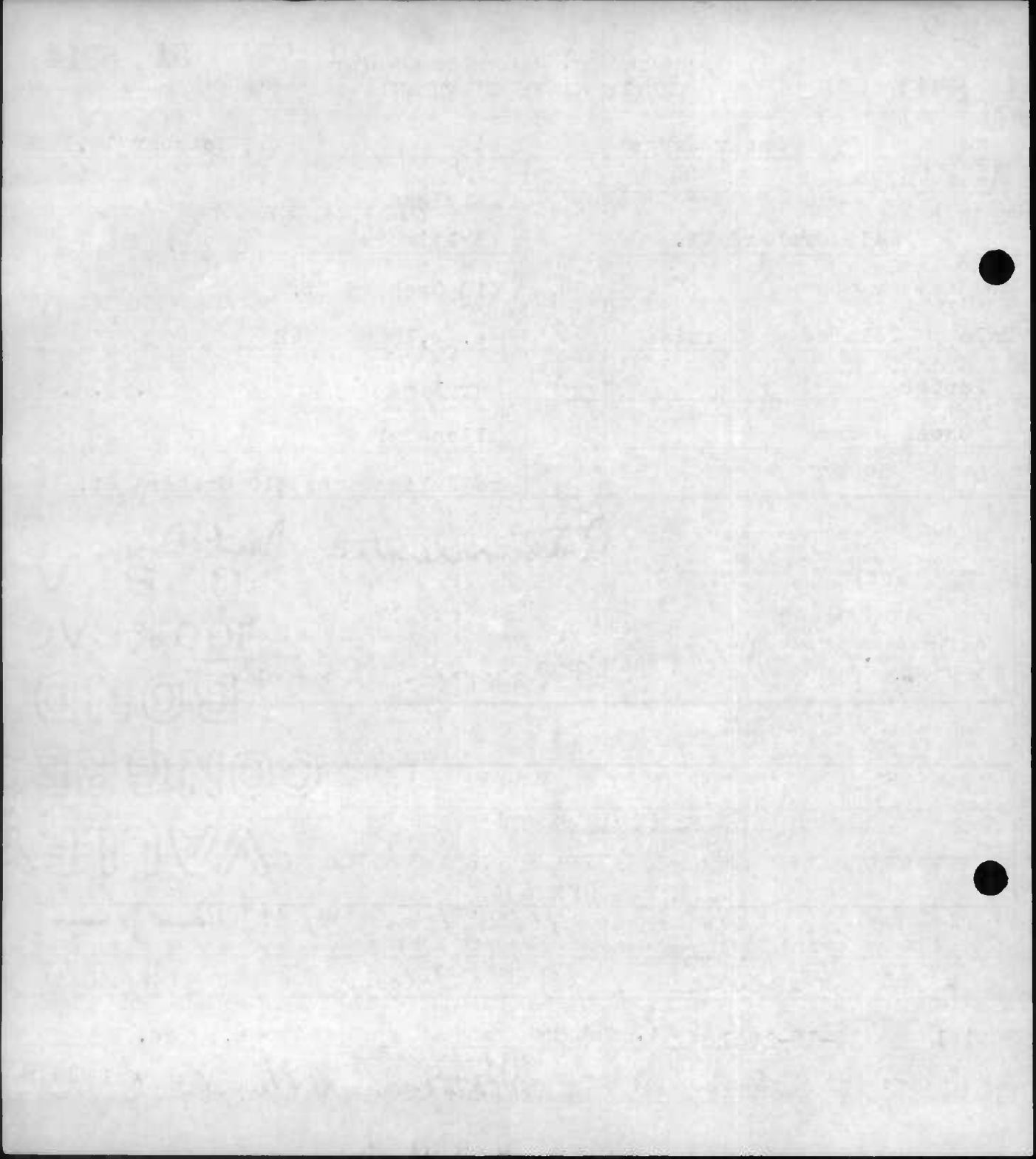
Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Oscar James		October 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 410 Orchard St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 410 Orchard St.			
5. SEX Male		6. COLOR OR RACE Colored	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 2, 1888	
9. AGE (In years last birthday) 62		10. UNDER 1 Year Months: Days: Hours: Min.	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13. FATHER'S NAME Oscar James		14. MOTHER'S MAIDEN NAME Ellen ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Julia James 410 Orchard St.		ADDRESS	
18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
19. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10/11/51, 5:15, 1951, to 10/14/51, 9:30, 1951, that I last saw the deceased alive on 10/14/51, and that death occurred at 9:30 p.m., from the causes and on the date stated above.			
23A. SIGNATURE Wm. C. Cramer		23B. ADDRESS 253 Gay St	
23C. DATE SIGNED 10/16/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-18-1951	
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
25. FUNERAL DIRECTOR Wm. C. Cramer		ADDRESS 578 W. Biddle St.	

VS 150

780 99

937





563  
1 8915BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8915

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Viola Leonard

2. DATE  
OF  
DEATH

Oct. 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2101 N. Coed Spring

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
STATE B. COUNTY

2121 N. Howard St.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Bar-Wil-Ba

CITY OR TOWN

Baltimore, Maryland

c. Length of stay in Baltimore

?

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

2121 N. Howard Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 12, 1899

9. AGE (In years  
last birthday)

52

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR  
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

New Orleans, La.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Daniel Scott

14. MOTHER'S MAIDEN NAME

Emma Scott

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL  
SECURITY NO.

?

17. INFORMANT

ADDRESS

Mrs. Bradley

2136 N. Howard Street

18. 260X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cardio Vascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Diabetes

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Jan 1, 1951

Amputation Left Mid Thigh

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 4:05 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Thos B Johnson

23B. ADDRESS

M. D.

403 Melarts Bg

23C. DATE SIGNED

10.13.51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

October 17, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county) (State)

A. A. Co., Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Rayner Sanders 217 E. Preston St.

VS 150

Treated by Dr. Mervin Johnson Hopkins Hosp.

61

CERTIFICATE OF DEATH

State of New York  
County of \_\_\_\_\_  
City of \_\_\_\_\_

I, \_\_\_\_\_, a duly qualified and licensed physician, do hereby certify that \_\_\_\_\_  
was born on \_\_\_\_\_ at \_\_\_\_\_

and died on \_\_\_\_\_ at \_\_\_\_\_  
of \_\_\_\_\_

and that the death was caused by \_\_\_\_\_  
and that the deceased was \_\_\_\_\_

and that the deceased was \_\_\_\_\_  
and that the deceased was \_\_\_\_\_

and that the deceased was \_\_\_\_\_  
and that the deceased was \_\_\_\_\_

and that the deceased was \_\_\_\_\_  
and that the deceased was \_\_\_\_\_

and that the deceased was \_\_\_\_\_  
and that the deceased was \_\_\_\_\_

and that the deceased was \_\_\_\_\_  
and that the deceased was \_\_\_\_\_

and that the deceased was \_\_\_\_\_  
and that the deceased was \_\_\_\_\_

and that the deceased was \_\_\_\_\_  
and that the deceased was \_\_\_\_\_

W-321  
51 8916BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8916

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Charles Baker Watson</b>			2. DATE OF DEATH <b>Oct. 16, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. Md.</b> B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Provident Hospital</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto.</b>			D. STREET ADDRESS (If rural, give location) <b>1415 E. Madison St. 10-02</b>		
c. Length of stay in Baltimore <b>25 yrs.</b>			8. DATE OF BIRTH <b>7.4.1856</b>		
5. SEX <b>M.</b>			9. AGE (In years last birthday) <b>65</b>		
6. COLOR OR RACE <b>colored</b>			10. UNDER 1 Year: Months: Days		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>			11. BIRTHPLACE (State or foreign country) <b>New York, N.Y.</b>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>Appl. House</b>			13. FATHER'S NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO.		
17. INFORMATION: <b>Mary A. Bender 2441 - 7th Ave New York 30, N.Y.</b>					

18. <b>592X</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		<b>Uremic Coma</b>			
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
II		(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <b>10.15</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10.15</b> , 19 <b>51</b> , to <b>10.16</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10.16</b> , 19 <b>51</b> , and that death occurred at <b>830A.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>G. Goniondakis</b>		23B. ADDRESS <b>Provident Hospital</b>		23C. DATE SIGNED <b>10.16.51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>Oct. 16, 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn</b>	
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		24E. FUNERAL DIRECTOR <b>Challand Funeral Home</b>		24F. ADDRESS <b>1631 Druid Hill Ave</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 17 1951</b>		REGISTRAR'S SIGNATURE <b>Walter J. ...</b>		25. FUNERAL DIRECTOR ADDRESS	

No answer

to query 3/11/52

Q-4001  
51 8917BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHDr. Saunders.  
51 8917  
Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George Eli Quill

2. DATE  
OF  
DEATH

Oct. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1333 N. Carey St.

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

yes.

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Railroad Station

8. DATE OF BIRTH

May 3, 1869

9. AGE (In years  
last birthday)

82

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR  
INDUSTRY

Railroad Station

11. BIRTHPLACE (State or foreign country)

Calvert Co. Md.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Thomas Quill

14. MOTHER'S MAIDEN NAME

Margaret Janice

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No.

16. SOCIAL  
SECURITY NO.17. INFORMANT  
Law. A. Quill 1333 N. Carey St.  
Spunkers 5, N. Y.

18. 422.1 I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Myocarditis  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE. (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Anterior Sclerosis  
DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

Unknown

Unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15-1950, to 10-14-1951, that I last saw the  
deceased alive on 10-13-1951, and that death occurred at 10A m., from the causes and on the date stated above.

23A. SIGNATURE

Frank A. Saunders M. O.

23B. ADDRESS

1029 N. Stricker St.

23C. DATE SIGNED

10-16-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 18, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. K. Auburn

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

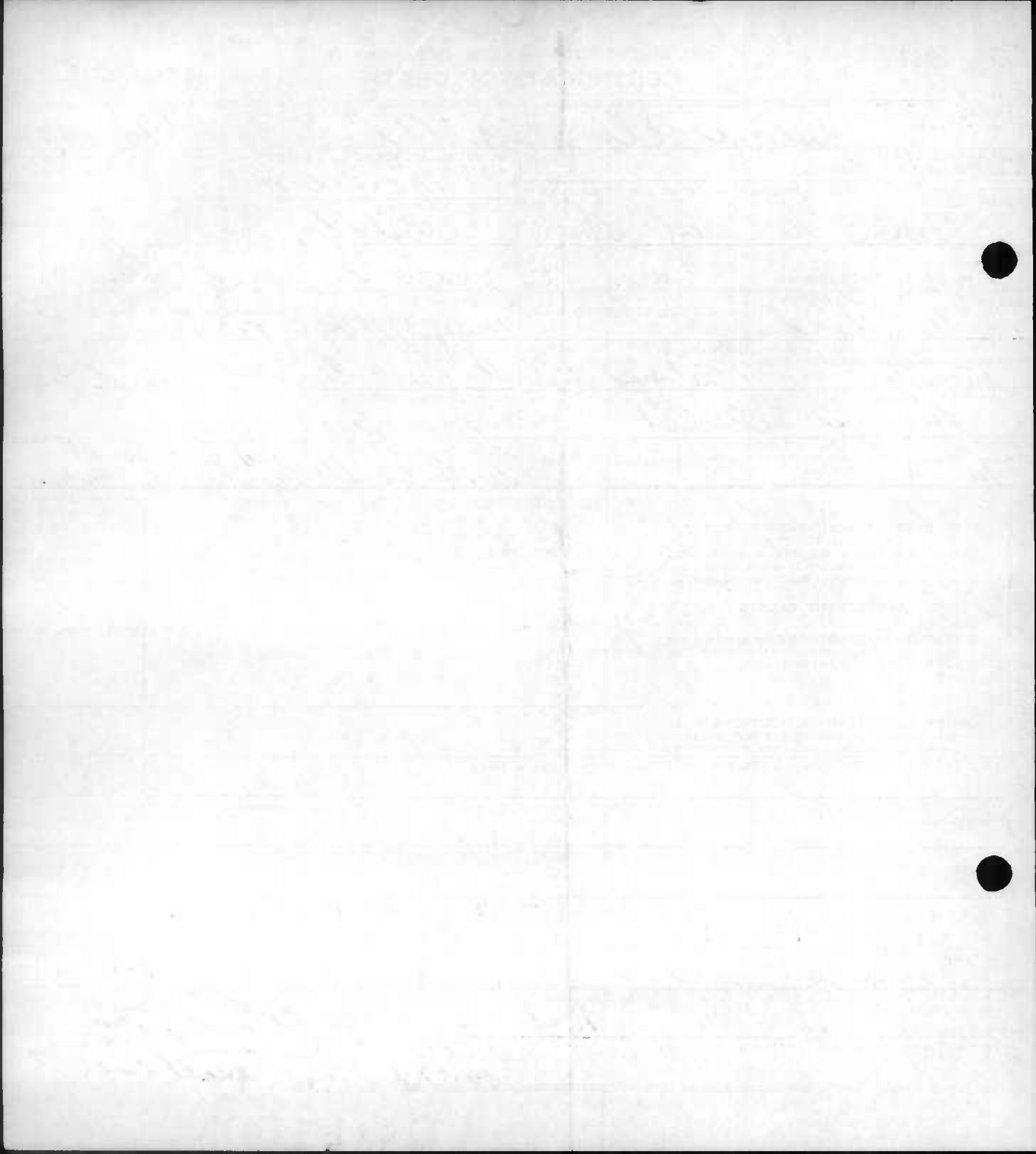
OCT 17 1951

REGISTRAR'S SIGNATURE

Frank A. Saunders

25. FUNERAL DIRECTOR

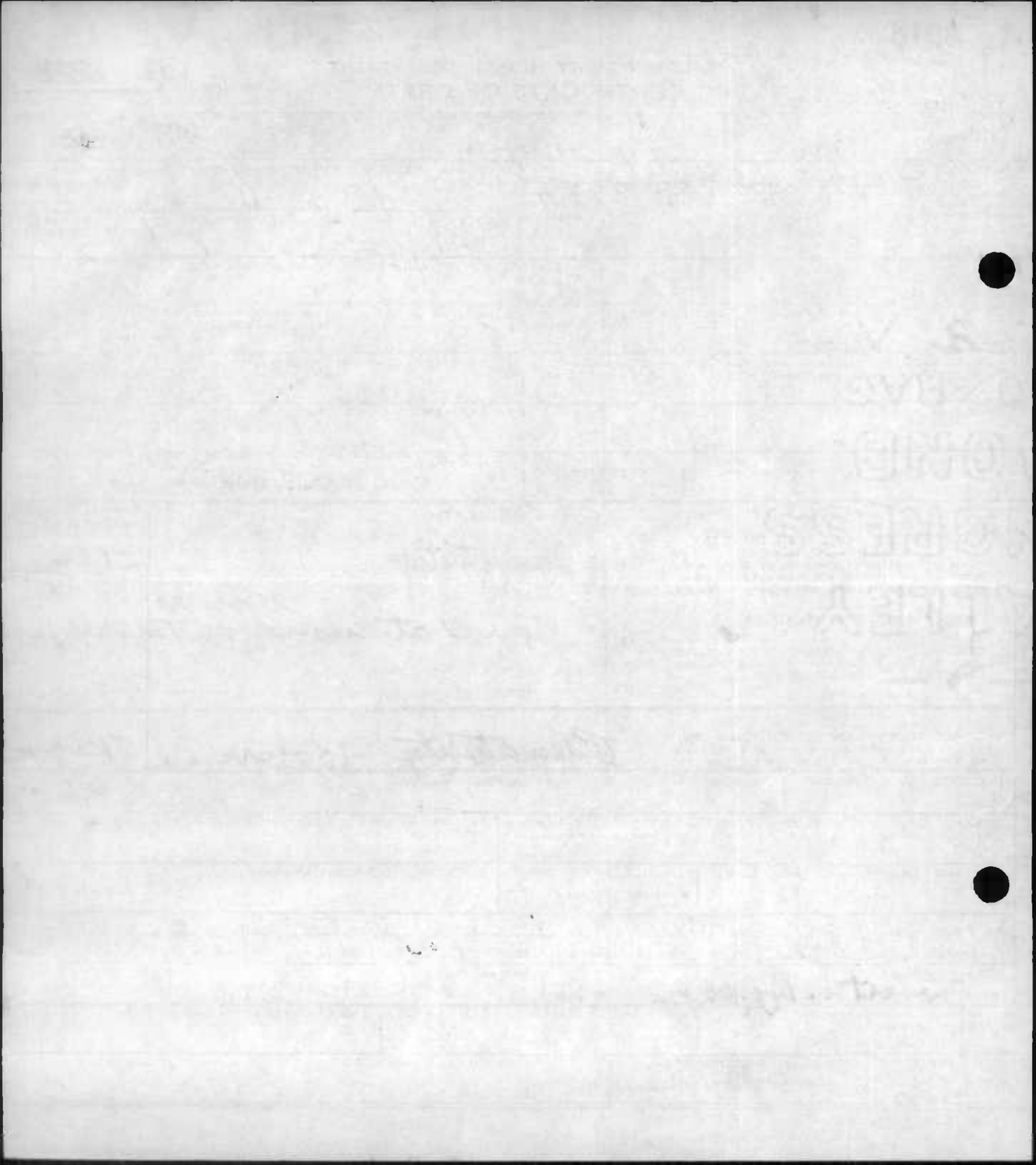
1631 Druid Hill Ave.





BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. <b>51 8918</b>
1. NAME OF DECEASED (Type or Print) <b>Baby Boy Harris</b>		2. DATE OF DEATH <b>OCT 13 1951</b>
3. PLACE OF DEATH A. Baltimore City, Maryland, <b>Johns Hopkins Hospital</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Harford</b>
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>23</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>ABINGTON</b>
D. STREET ADDRESS (If rural, give location) <b>6200</b>		
c. Length of stay in Baltimore Yrs. Mos. Days		
5. SEX <b>male</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>
8. DATE OF BIRTH <b>8-23-51</b>	9. AGE (In years last birthday) <b>1</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10A. USUAL OCCUPATION	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>md.</b>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <b>Vernon Harris</b>
14. MOTHER'S MAIDEN NAME <b>Bernice</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>
18. <b>756.2 and 776X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Malnutrition</b> CAUSE OF DEATH (A) DUE TO (B) <b>repaired</b> <b>ligand atresia-congenital</b> (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>51 days</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Prematurity 1500 grams</b>		<b>5 days</b>
19A. DATE OF OPERATION <b>2</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>8-23-1951</b> to <b>10-13-1951</b> , that I last saw the deceased alive on <b>10-13-1951</b> , and that death occurred at <b>6:15 Am.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>Robert E. Askey</b>	23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>	23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <b>Hope Beaufort</b>
24D. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 17 1951</b>	REGISTRAR'S SIGNATURE <b>Wilmington Williams, Md.</b>	





51 8919  
AB-D.O.A.

543

(Trin)

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8919

Registered No.

BIRTH NO. 51-14375

1. NAME OF DECEASED (Type or Print) <b>Bobbie Reynolds</b>			2. DATE OF DEATH <b>10-6-51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>1931 E. Chase St.</b>			7-04		
5. SEX <b>M</b>			6. COLOR OR RACE <b>N</b>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>			8. DATE OF BIRTH <b>June 28-1951</b>		
9. AGE (In years last birthday) <b>3</b>			10. Under 1 Year Months: Days Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Oscar Reynolds</b>			14. MOTHER'S MAIDEN NAME <b>Janie Armour</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. <b>772.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Malnutrition</b> <b>Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Approx. 2 wks</b> <b>Approx. 2 wks</b>
I ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>D.O.A.</b> , 19 <b>51</b> to <b>D.O.A.</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>D.O.A.</b> , 19 <b>51</b> , and that death occurred at <b>D.O.A.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS <b>4940 Eastern Ave. Baltimore, Md.</b>		23C. DATE SIGNED <b>10-12-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremated</b>		24B. DATE <b>10-8-1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore City Hospitals</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		24E. NAME OF CEMETERY OR CREMATORY <b>4940 Eastern Ave. Balto., Md.</b>		24F. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 11 1951</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR ADDRESS	

NOT A MEDICAL EXAMINER'S CASE

*Stanley H. Durlacher*

CHIEF OF ASST. MEDICAL EXAMINER

AB-152870  
543 8920 (Finn)  
BIRTH NO. 51-14376

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8920

1. NAME OF DECEASED (Type or Print) <b>Barbara Reynolds (Clemens)</b>			2. DATE OF DEATH <b>10-8-1951</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>7-04</b>		
D. STREET ADDRESS (If rural, give location) <b>1931 E. Chase St.</b>			E. LENGTH OF STAY IN BALTIMORE <b>Life</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>N</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June 28- 1951</b>		9. AGE (In years last birthday) <b>3</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <b>Oscar Reynolds</b>			14. MOTHER'S MAIDEN NAME <b>Janie Armour</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Baltimore City Hospitals Records: 4940 Eastern Ave.</b>			ADDRESS		

18. <b>772.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Septicemia</b> <b>Malnutrition</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2wks.</b> <b>2wks</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>✓</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-8-1951</b> , to <b>10-8-1951</b> , that I last saw the deceased alive on <b>10-8-1951</b> , and that death occurred at <b>9.40AM</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS <b>4940 Eastern Ave. Balto., Md.</b>		23C. DATE SIGNED <b>10-12-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremated</b>		24B. DATE <b>10-10-1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore City Hospitals</b>	
24D. LOCATION (City, town, or county) (State) <b>4940 Eastern Ave., Balto., Md.</b>		25. FUNERAL DIRECTOR ADDRESS			

NOT A MEDICAL EXAMINER'S CASE

*Stanley H. Dunsen*  
M.D.

CHIEF OF POST MEDICAL EXAMINER

AB-152881 8921

## BALTIMORE CITY HEALTH DEPARTMENT

51 8921

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO. <u>656 51-23092</u>		2. DATE OF DEATH <u>10-10-1951</u>	
1. NAME OF DECEASED (Type or Print) <u>Baby Boy Turner</u>			
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Baltimore City Hospitals</u> <u>4940 Eastern Ave.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <u>Baltimore</u>	
D. STREET ADDRESS (If rural, give location) <u>1619 Mulberry St.</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>N</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Oct. 8- 1951</u>	
9. AGE (in years last birthday) <u>19-01</u>		10. CITIZEN OF WHAT COUNTRY? <u>Maryland</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>Maryland</u>	
13. FATHER'S NAME <u>James Turner</u>		14. MOTHER'S MAIDEN NAME <u>Beatrice Boots</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Baltimore City Hospitals</u> <u>Records: 4940 Eastern Ave.</u>		18. CAUSE OF DEATH <u>Erythroblastosis fetalis</u> DUE TO (A) <u>Erythroblastosis fetalis</u> (B) <u></u> (C) <u></u>	
19. DATE OF OPERATION <u>10-10-1951</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21. MAJOR FINDINGS OF OPERATION			
22. I hereby certify that I attended the deceased from <u>10-8-1951</u> , to <u>10-10-1951</u> , that I last saw the deceased alive on <u>10-10-1951</u> , and that death occurred at <u>6 PM</u> m., from the causes and on the date stated above.			
23A. SIGNATURE <u>J. S. [Signature]</u>		23B. ADDRESS <u>4940 Eastern Ave., Balto., Md.</u>	
23C. DATE SIGNED <u>10-12-51</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremated</u>		24B. DATE <u>10-12-1951</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore City Hospitals</u>		24D. LOCATION (City, town, or county) (State) <u>4940 Eastern Ave., Balto., Md.</u>	
25. FUNERAL DIRECTOR <u>William [Signature]</u>		26. ADDRESS	

UNITED STATES OF AMERICA

1944-1945

1944-1945

1944-1945

1944-1945

1944-1945

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51-152792-8922

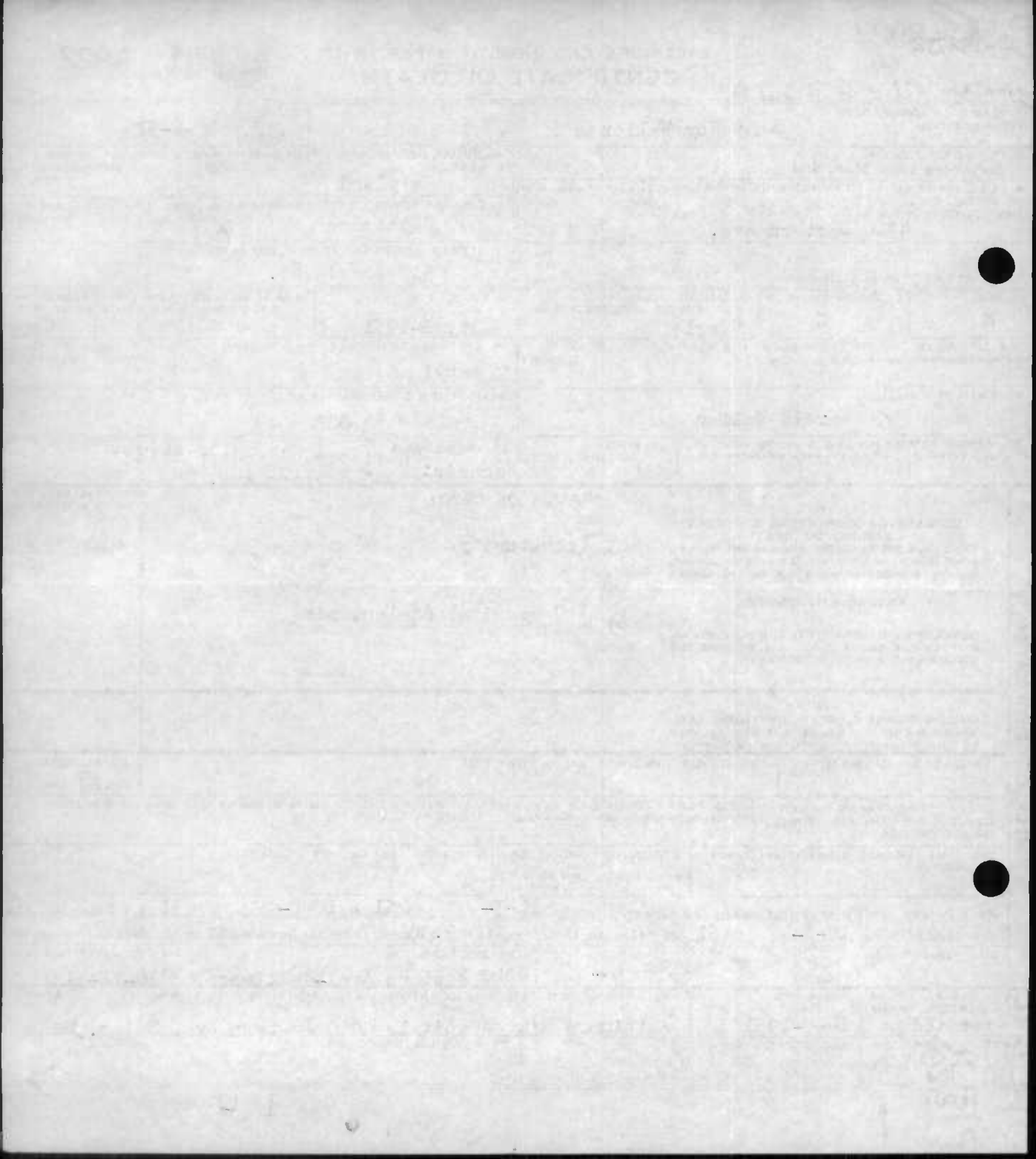
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51-8922

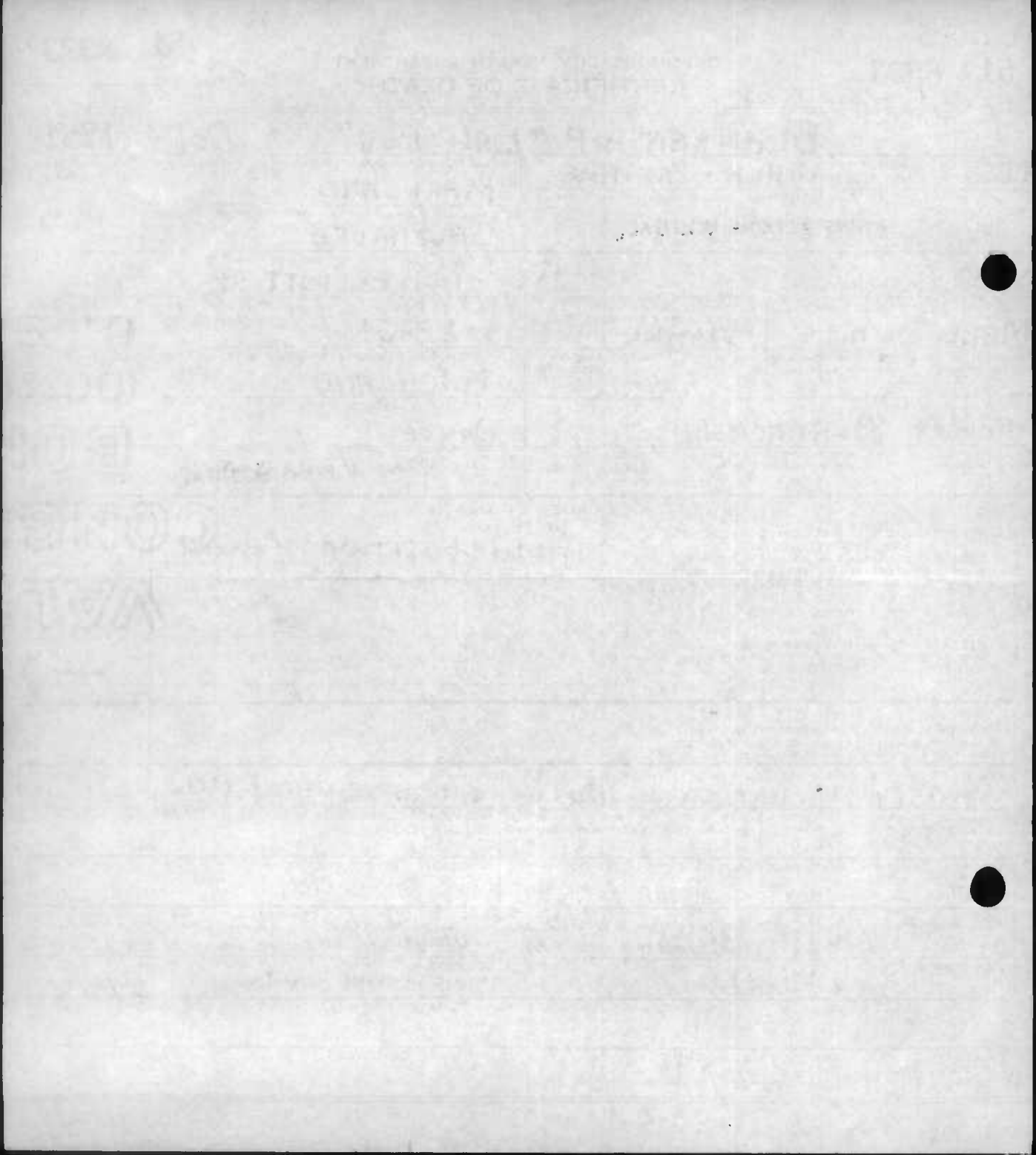
BIRTH NO. 51-23070

1. NAME OF DECEASED (Type or Print) Baby Boy Waller		2. DATE OF DEATH 10-8-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Baltimore City Hospitals INSTITUTION 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 507 Norris St.	
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 5-1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 3
13. FATHER'S NAME Harold Waller		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Maggie Gaines	
18. 7625 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Prematurity DUE TO ANTECEDENT CAUSES (B) ? Congenital Atelectasis DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-5-1951, to 10-8-1951, that I last saw the deceased alive on 10-8-1951 and that death occurred at 3.30A.m., from the causes and on the date stated above.			
23A. SIGNATURE W. D. Proven		23B. ADDRESS 4940 Eastern Ave. Baltimore, Md.	
23C. DATE SIGNED 10-12-51		24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated	
24B. DATE 10-9-1951		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Huntington Williams, Jr.	

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT				51 8923	
CERTIFICATE OF DEATH				Registered No.	
BIRTH NO. 51-22508				51 8923	
1. NAME OF DECEASED (Type or Print) <b>BLANKENSHIP "Baby Boy"</b>				2. DATE OF DEATH <b>Oct 4, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>HLH - PRE NVR.</b>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>BALTIMORE</b>	
6. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <b>3141 ELLIOTT ST.</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>9-28-51</b>	9. AGE (In years last birthday)	10. Under 1 Year Months Days <b>6</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Robert BLANKENSHIP</b>			14. MOTHER'S MAIDEN NAME <b>Joyce</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b>			ADDRESS		
18. <b>7546 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Transposition of great vessels.</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <b>10/4/51</b>				19B. MAJOR FINDINGS OF OPERATION <b>Transposition - a septal defect was noted</b>	
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH <b>no</b>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-28-51</b> , to <b>10-4-51</b> , that I last saw the deceased alive on <b>10-4-51</b> , and that death occurred at <b>4:45 AM.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>S. K. Kainer</b>		23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>		23C. DATE SIGNED <b>10/8/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <b>Forest Burial</b>	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 11 1951</b>		REGISTRAR'S SIGNATURE <b>W. H. Williams, M.D.</b>		25. FUNERAL DIRECTOR	
VS 150		157F			



500  
ND-1526691

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8924

Registered No.

1. NAME OF DECEASED (Type or Print) <b>Alice Irene Loane</b>		2. DATE OF DEATH <b>October 15, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>1027 Harford Ave. (2)</b>			
E. Length of stay in Baltimore <b>Life</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married? Widowed?</b>	8. DATE OF BIRTH <b>Oct. 2, 1898 ?</b> <b>Oct. 7, 1898 ?</b>
9. AGE (In years last birthday) <b>53</b>		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHAR LADY</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>STINE BROS &amp; BOYCE</b> <b>BANK</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>James Frederick</b>		14. MOTHER'S MAIDEN NAME <b>?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>218-09-6695</b>	
17. INFORMANT <b>Baltimore City Hospitals</b> <b>Records: 4940 Eastern Avenue</b>			
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>331X I</b> <b>Cerebral vascular accident</b> DUE TO (A) <b>Cerebral vascular accident</b> (B) <b>Arteriosclerosis</b> (C) <b>Auricular Fibrillation</b> INTERVAL BETWEEN ONSET AND DEATH <b>?</b> <b>Yrs.</b>			
19A. DATE OF OPERATION <b>10-8-51</b>		19B. MAJOR FINDINGS OF OPERATION <b>Skin Graft</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
21C. WHERE DID INJURY OCCUR? <b>1027 Harford Ave. (2)</b>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>9-16-51</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR? <b>Smoking in bed</b>			
22. I hereby certify that I attended the deceased from <b>9-30</b> , 1951, to <b>10-15</b> , 1951, that I last saw the deceased alive on <b>10-15</b> , 1951, and that death occurred at <b>10:50 a.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>G. S. Boyce</b>		23B. ADDRESS <b>4940 Eastern Avenue</b>	
23C. DATE SIGNED <b>10-15-51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>OCT 18 1951</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>HOLY REDEEMER CH</b>		24D. LOCATION (City, town, or county) (State) <b>4430 BELAIR ROAD MD.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 17 1951</b>		REGISTRAR'S SIGNATURE <b>William M. ...</b>	
25. FUNERAL DIRECTOR <b>Suppel Bros</b>		ADDRESS <b>1800 E LOMBARD ST</b>	

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CARD

*William V. Smith*

M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER



430  
8925BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8925

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Mercy Hospital

c. Length of stay in Baltimore Adult Life

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

M

W

M

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Willis Elliott

MIL  
(100)

Ina Beebe

213-09-0888

MARY ELLIOTT 103 W ELM AVE.

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

Coronary Heart  
Disease.  
Hypertension1 day  
4 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1951, to Oct 16, 1951, that I last saw the  
deceased alive on Oct 16, 1951, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 17 1951

Thurston Williams, MD

Suffel Bros 7110 BELAIR RD

VS 150

3903A

94a

MEDICAL CERTIFICATION



NOT A MEDICAL EXAMINER'S CASE

*William H. Wood*  
M.D.  
CHIEF U. S. ASST. MEDICAL EXAMINER

500  
51 8926

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8926

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) Seneca Boono 2. DATE OF DEATH 10-13-1951

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY \_\_\_\_\_

B. FULL NAME OF (If not in hospital or institution, give street address or location) 1320 Penna. Ave. C. CITY OR TOWN (If outside corporate limits, write RURAL and give last birthday) Balto. 17-02

D. STREET ADDRESS (If rural, give location) 1320 Penna. Ave. c. Length of stay in Baltimore Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Days \_\_\_\_\_

5. SEX Female 6. COLOR OR RACE Col. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married (sep) 8. DATE OF BIRTH Jan. 1898 9. AGE (In years last birthday) 53 II Under 1 Year Months: \_\_\_\_\_ Days: \_\_\_\_\_ II Under 24 Hours Hours: \_\_\_\_\_ Min: \_\_\_\_\_

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic 10B. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Terry N.C. 12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME Sandy Williams 14. MOTHER'S MAIDEN NAME Frances P

15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT ADDRESS Willie Tilley 1527 Myrtle Ave

18. 491X I CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 1 year

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) myocarditis DUE TO

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) \_\_\_\_\_ DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) Branchial Pneumonia 8 days

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) \_\_\_\_\_ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) \_\_\_\_\_

22. TIME (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Oct 6, 1951, to Oct 12, 1951, that I last saw the deceased alive on Oct 12, 1951, and that death occurred at 8 P m., from the causes and on the date stated above.

23A. SIGNATURE W. H. Watts 23B. ADDRESS 5156 E. 13 St 23C. DATE SIGNED 10/16/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 10/17/1951 24C. NAME OF CEMETERY OR CREMATORY St. Luke's 24D. LOCATION (City, town, or county) Balto.

DATE RECEIVED BY LOCAL REGISTRAR Oct 17 1951 REGISTRAR'S SIGNATURE W. H. Watts 25. FUNERAL DIRECTOR Mrs. Katie R. Williams ADDRESS 3221 Schrock St

Kate R Williams  
322 N School

625  
51 8927BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8927

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Kirett H. Kircheimer, Charles

2. DATE  
OF

DEATH Oct. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

50yr.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3300 Rueckert Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Sept. 28, 1881

9. AGE (in years  
last birthday)

70

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Postal Clerk

10B. KIND OF BUSINESS OR  
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Louis Kircheimer

14. MOTHER'S MAIDEN NAME

Louisa

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Dr. C. Kircheimer 5115 Harbor

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hemopericardium

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) perforated myocardial infarction

DUE TO

(C) Coronary thrombosis

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/10/1951 to 10/15/1951, that I last saw the  
deceased alive on 10/10/1951, and that death occurred at 7:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline Street

10/15/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

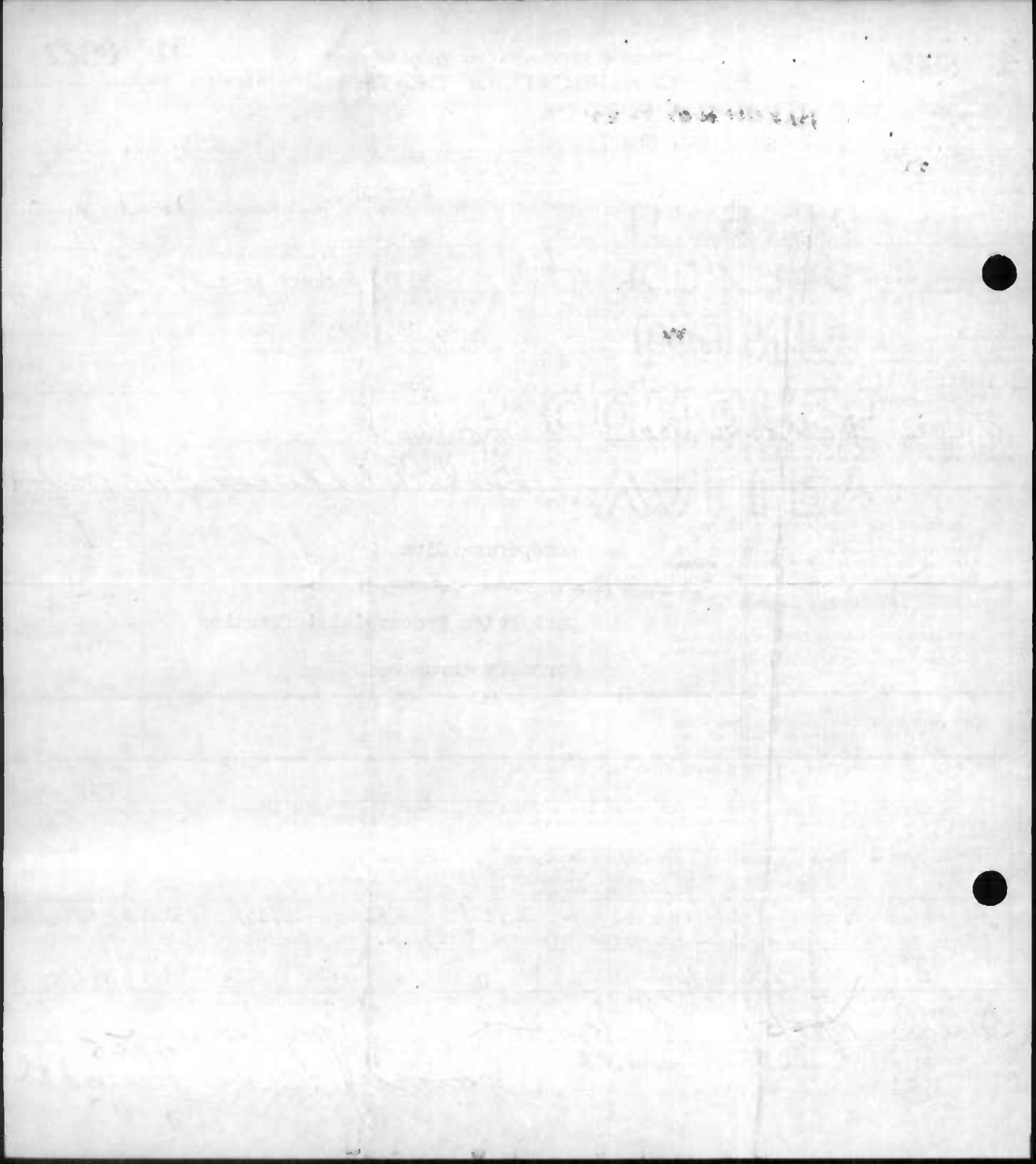
25. FUNERAL DIRECTOR

OCT 17 1951

VS 150

39090

94a



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 8928  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mattie Thorton

2. DATE  
OF  
DEATH

Oct. 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)  
Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

C. Length of stay in Baltimore

5 Yrs.

D. STREET ADDRESS (If rural, give location)

125 N. Fremont (1)

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Widowed

8. DATE OF BIRTH

May 7 ?

9. AGE (in years  
last birthday)

59

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Andrew Hill

14. MOTHER'S MAIDEN NAME

Victoria Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT Baltimore City Hospitals  
Records: 4940 Eastern Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Multiple Myeloma probable

DUE TO

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis heart Disease

DUE TO

Over 5 Yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10-8-51

19B. MAJOR FINDINGS OF OPERATION

Biopsy

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT ☐ WORK

NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from 9-18, 1951, to 10-16, 1951, that I last saw the deceased alive on 10-16, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

*P. S. Cozart*

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

10-17-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-20-51

24C. NAME OF CEMETERY OR CREMATORY

W. T. Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*William J. Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

*William J. Jackson* 916 Penna ave





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8929

4799671  
51 8929  
BIRTH NO. *patient*

1. NAME OF DECEASED (Type or Print) *John Joseph Olesch*

2. DATE OF DEATH *Oct. 16, 1951*

3. PLACE OF DEATH:  
a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE *Md*  
b. COUNTY *2-02*

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
c. CITY OR TOWN *Baltimore*  
d. STREET ADDRESS (If rural give location) *17 S. Broadway*

6. LENGTH OF STAY IN BALTIMORE  
e. Length of stay in Baltimore

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *divorced*

8. DATE OF BIRTH *9-16-99*

9. AGE (In years last birthday) *52*

10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Pipe Fitter*  
b. KIND OF BUSINESS OR INDUSTRY *Beth. Steel Corp.*

11. BIRTHPLACE (State or foreign country) *Baltimore, Md.*

12. CITIZEN OF WHAT COUNTRY? *U.S.*

13. FATHER'S NAME *John Olesch*

14. MOTHER'S MAIDEN NAME *Amelia Wagner*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) *no*

16. SOCIAL SECURITY NO. *JOHNS HOPKINS HOSPITAL*

17. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

18. *163 X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
(A) *Carcinoma of lung, left*  
DUE TO

INTERVAL BETWEEN ONSET AND DEATH *8 months*

ANTECEDENT CAUSES  
(B) \_\_\_\_\_  
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
(C) \_\_\_\_\_

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *7.3.51*

19B. MAJOR FINDINGS OF OPERATION *Inoperable carcinoma of lung, left*

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7.3*, 19*51*, to *8.31*, 19*51* that I last saw the deceased alive on *8.31*, 19*51* and that death occurred at *10:15* m., from the causes and on the date stated above.

23A. SIGNATURE *Philip W. Brown* M. D.

23B. ADDRESS *JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED *9.16.51*

24A. BURIAL CREMATION, REMOVAL (Specify) *Burial*

24B. DATE *10/19/51*

24C. NAME OF CEMETERY OR CREMATORY *Oak Lawn Cem.*

24D. LOCATION (City, town, or county) (State) *7225 Eastern Ave. Balto, Md.*

DATE RECEIVED BY LOCAL REGISTRAR *OCT 17 1951*

REGISTRAR'S SIGNATURE *William Williams, M.D.*

25. FUNERAL DIRECTOR ADDRESS *Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.*



12-16269  
50  
8930

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8930

1. NAME OF DECEASED  
(Type or Print)

Emma Grim

2. DATE  
OF  
DEATH

Oct. 10-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Baltimore City Hospitals  
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

Baltimore City Hospitals-4940 Eastern Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

34yrs.?

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

8. DATE OF BIRTH

1872 ?

9. AGE (In years last birthday)

79?

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT  
Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18. E917.7

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

1 wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Thermal burn 2nd degree & 3rd. degree  
buttocks.

DUE TO

4 wks

(C)

CERTIFICATION APPROVED BY

William V. ... M. D.  
CHIEF OR ASST. MEDICAL EXAMINER.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Infection of burns

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Baltimore City Hospitals

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

4940 Eastern Ave., Baltimore, Md.

21D. TIME (Month) (Day) (Year) (Hour) INJURY

9-22-1951

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Turned hot water on self in tub

22. I hereby certify that I attended the deceased from 1-13-1951 to 10-10-1951, that I last saw the deceased alive on 10-10-1951, and that death occurred at 9.10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

W. B. O'Brien M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

10-17-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/18/51

24C. NAME OF CEMETERY OR CREMATORY

2101 Luth. Cem.

24D. LOCATION (City, town, or county)

Balto. Co.

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

Oct 17 1951

REGISTRAR'S SIGNATURE

W. B. O'Brien

25. FUNERAL DIRECTOR

Funeral Home

ADDRESS

7401 Bob. Rd.

# CERTIFICATE OF DEATH

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

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100-1000

100-1000

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100-1000

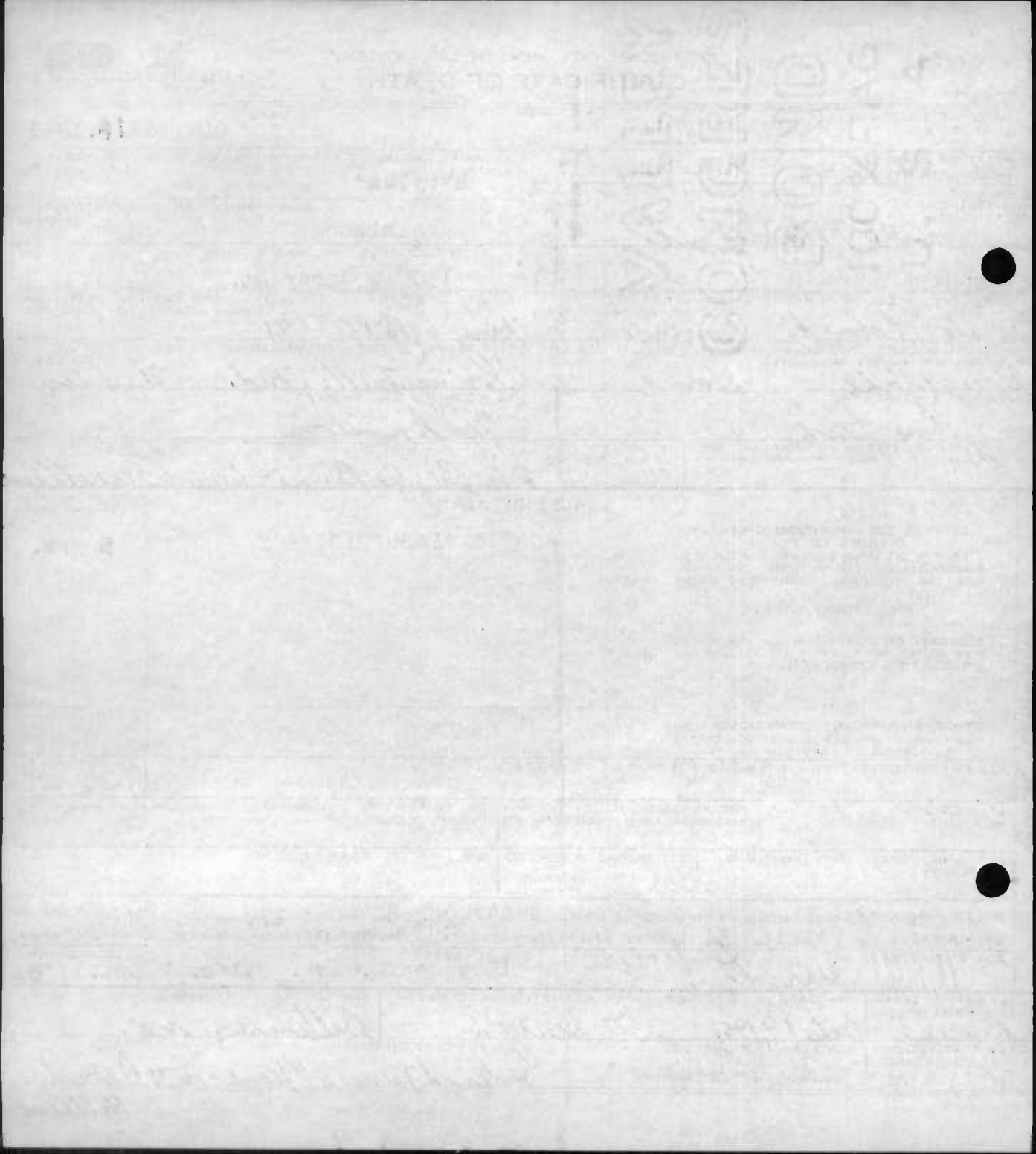
100-1000

100-1000

223  
8931BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8931

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>MARY AUGUSTUS</b>		2. DATE OF DEATH <b>OCTOBER 16, 1951</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <b>1505 N Carey St.</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>1505 N. Carey St</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		d. STREET ADDRESS (If rural, give location) <b>1505 N Carey St.</b>	
6. Length of stay in Baltimore Yrs. Mos. Days		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 6, 1880</b>	
9. SEX <b>Female</b>		10. COLOR OR RACE <b>Colored</b>		9. AGE (In years, last birthday) <b>71</b>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Owingsville, Ind.</b>	
13. FATHER'S NAME <b>John Fox</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>Ind. An</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, not known</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs. Bessie Burns - 6010 Prescott Ave</b>	
18. <b>421.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>AORTIC INSUFFICIENCY</b> (A) OUE TO  (B) OUE TO  (C) OUE TO  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <b>AORTIC INSUFFICIENCY</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>September 1950 to Oct 17, 1951</b> , that I last saw the deceased alive on <b>Oct. 16, 1951</b> , and that death occurred at <b>2:15 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>William G. Fox</b>		23b. ADDRESS <b>1506 Penna. Ave. Balto.</b>		23c. DATE SIGNED <b>Oct. 17, 51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 19, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's</b>	
24d. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		24e. FUNERAL DIRECTOR <b>Holland Funeral Home - 1631 Druid</b>		24f. ADDRESS <b>92a Hill Ave</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 17 1951</b>		REGISTRAR'S SIGNATURE <b>William G. Fox</b>		VS 150	





516  
1 8932

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8932

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Mr. James H. Gambrell Jr.</i>			2. DATE OF DEATH <i>Oct. 17, 1951</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Church Home &amp; Hospital</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Frederick</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home and Hospital</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Frederick 6011</i>		
c. Length of stay in Baltimore <i>80</i> (Yrs. Mos. Days)			d. STREET ADDRESS (If rural, give location) <i>112 Court street.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>March 9, 1866</i>		9. AGE (In years last birthday) <i>85</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Manufacturer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Industry</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Mr. James H. Gambrell</i>			14. MOTHER'S MAIDEN NAME <i>Ann Staley</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>Unknown</i>		16. SOCIAL SECURITY NO. <i>220-07-0206</i>	17. INFORMANT ADDRESS <i>Church Home &amp; Hospital.</i>		

18. <i>420.1 and 181 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) <i>Coronary Occlusion</i>		DUE TO		<i>1 min.</i>
(B) <i>Myocardial degeneration</i>		DUE TO		
(C) <i>Coronary disease</i>		DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Squamous cell carcinoma of bladder</i>		Interval <i>7 yr.</i>
19a. DATE OF OPERATION <i>Oct. 15, 1951</i>	19b. MAJOR FINDINGS OF OPERATION <i>Squamous cell carcinoma of Bladder</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>—</i>	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>—</i>
21d. TIME (Month) (Day) (Year) (Hour) <i>—</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>—</i>

22. I hereby certify that I attended the deceased from *Oct. 8*, 1951, to *Oct. 17*, 1951, that I last saw the deceased alive on *Oct. 17*, 1951, and that death occurred at *7:05 P.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Doreen E. Cruberg</i>	23b. ADDRESS <i>Church Home &amp; Hosp. Bldg. 31 MD.</i>	23c. DATE SIGNED <i>17 Oct 51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>10-19-1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Frederick. Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 18 1951</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR ADDRESS <i>C. E. Cline &amp; Son - Frederick - Md.</i>
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STATE OF TEXAS

WALTER  
J. J. J.  
1860  
100-100-3  
J. J. J.

## BALTIMORE CITY HEALTH DEPARTMENT

# CERTIFICATE OF DEATH

Registered <sup>51</sup>No. 8932

1 BIRTH No 8933

1. NAME OF DECEASED  
(Type or Print)

2. DATE OF DEATH Oct. 15, 1951

3. PLACE OF DEATH: 2731 PARKWOOD AVE  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE 1 B. COUNTY            before admission)

B. FULL NAME OF (if not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION 21 Duffin St. N. B.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Bartlett 15-22

2731 Fairwood Ave. 28 Yrs.

D. STREET ADDRESS (If rural, give location)  
2531 Rock

Length of stay in Baltimore		Mos. Days
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
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52	53	54
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58	59	60
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64	65	66
67	68	69
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352	353	354
355	356	357
358	359	360
361	362	363
364	365	366
367		

5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W. done
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8. DATE OF BIRTH	9. AGE (In years last birthday)	10 Under 1 Year Months: Days	11 Under 24 Hours Hours: Min.
Nov-10-1877	73	11 6	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY
Housewife	Home

11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	12. CITIZEN OF WHAT COUNTRY? <i>American</i>
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13. FATHER'S NAME BARNHART  
*Harold (Barnhart)*

14. MOTHER'S MAIDEN NAME  
Marjella Beacraft

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.
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17. INFORMANT	ADDRESS
<i>Glenn Huntman</i>	<i>Ph. Co.</i>

18.	420.1	1	CAUSE
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OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
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(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## Obstructive Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
 RISE TO THE ABOVE CAUSE (A) STATING THE  
 UNDERLYING CONDITION LAST.

.....

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDIION CAUSING IT.

[illegible]

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPER
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ATION	20. AUTOPSY?
	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,
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or c.)	21C. WHERE DID INJURY OCCUR?	(If in Baltimore City, give exact location)
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210. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	
	WHILE AT WORK <input type="checkbox"/>	NOT WHILE AT WORK <input type="checkbox"/>

D 21F. HOW DID INJURY OCCUR?

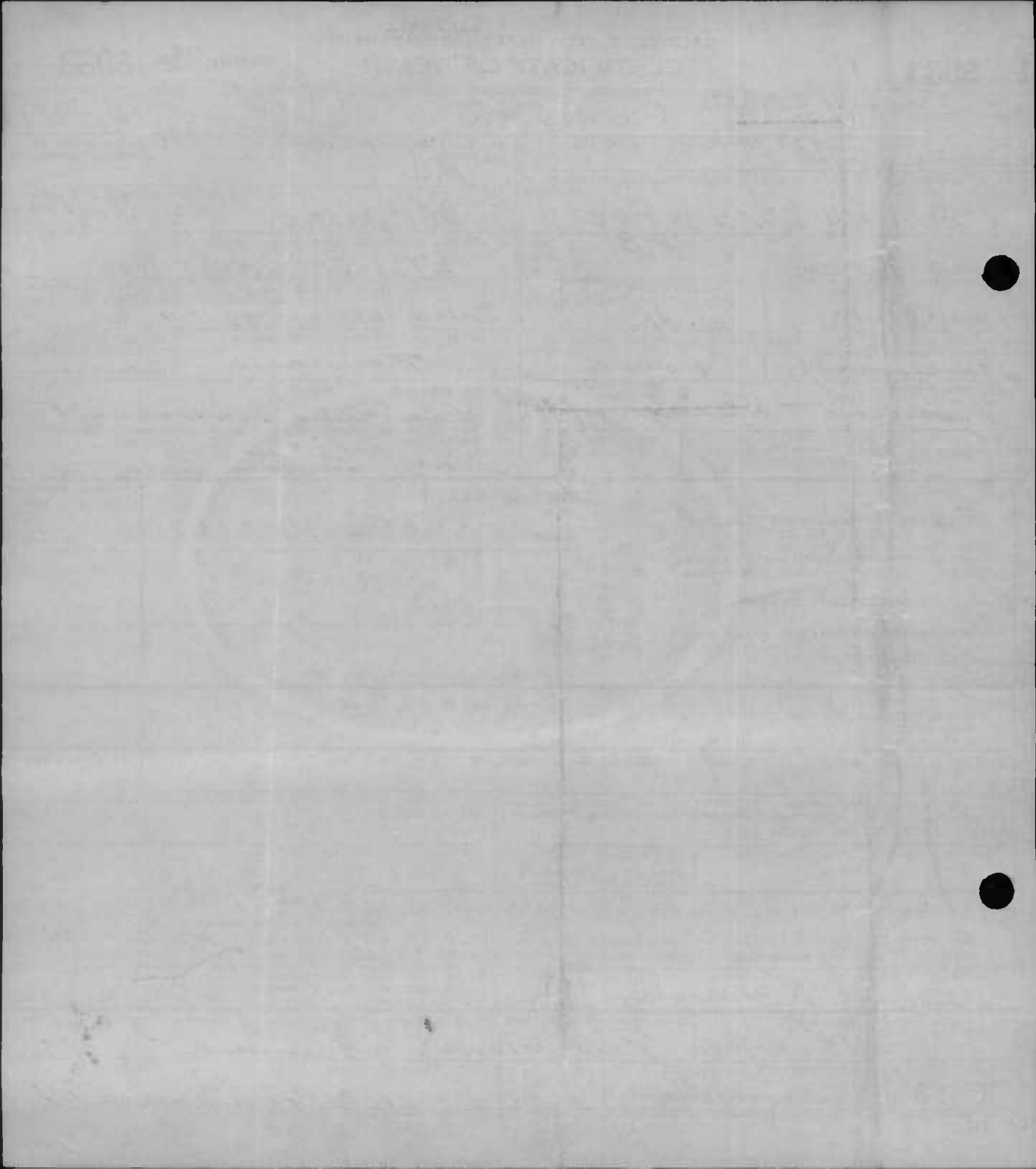
I certify that I took charge of the remains described above, held an Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Leon H. Kammer, J.</i>		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED <i>Oct. 16, 1951</i>	
24A. BURIAL SYMBOL		24B. RATE		24C. NAME OF CEMETERY	
24D. NAME OF CEMETERY		24E. LOCATION (City, town, or precinct)		24F. STATE	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county)	(State)
	10-19-1951	Park Heights	Greenbelt	Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
OCT 18 1951	Wilmington Williams, Me	C. H. Foote & Bro	Brunswick, Me

VS 151 94a ✓



630  
ND-148804  
51 8934

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8934

1. NAME OF DECEASED (Type or Print) <b>Jennie Maude Seward</b>		2. DATE OF DEATH <b>Oct. 15, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>26 Yrs.</b>		D. STREET ADDRESS (If rural, give location) <b>564 Orchard St. (1)</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>	8. DATE OF BIRTH <b>Nov. 7, 1895</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	9. AGE (In years last birthday) <b>55</b>
13. FATHER'S NAME <b>Wm. Peace</b>		14. MOTHER'S MAIDEN NAME <b>Carrie Seay</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>		16. SOCIAL SECURITY NO.	
		17. INFORMANT <b>Baltimore City Hospitals</b> <b>Records: 4940 Eastern Avenue</b>	

18. <b>191X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of the forehead</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>5-24-51</b>		19B. MAJOR FINDINGS OF OPERATION <b>Biopsy</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>5-24</b> , 19 <b>51</b> to <b>10-15-51</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-15</b> , 19 <b>51</b> , and that death occurred at <b>6 p</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>W. S. Rogers</b> M. D.		23B. ADDRESS <b>4940 Eastern Avenue</b>		23C. DATE SIGNED <b>10-17-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-19-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>W. T. Aubrey</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>		25. FUNERAL DIRECTOR <b>William A. Jackson</b> ADDRESS <b>916 Penna ave</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 18 1951</b>		REGISTRAR'S SIGNATURE <b>W. T. Williams, M.D.</b>			

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623  
51 8935  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8935

1. NAME OF DECEASED (Type or Print) Carrie B. Priestester		2. DATE OF DEATH October 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 108 N. Durham Street	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 18, 1884
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Peter Funk	
14. MOTHER'S MAIDEN NAME Sarah Gillingham		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Henry R. Gnau, 1007 Andover Road	
18. 422.21 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Chronic myocarditis DUE TO myocardial degeneration (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 2-3 years		19. DATE OF OPERATION 0	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. MAJOR FINDINGS OF OPERATION	
22. I hereby certify that I attended the deceased from 9/17, 1951, to 9/17, 1951, that I last saw the deceased alive on 9/17, 1951, and that death occurred at 6:45 A.M., from the causes and on the date stated above.		23. DATE SIGNED 10/17/51	
24. SIGNATURE Dane Brown		25. ADDRESS 140 E. Northmore	
26. DATE 10/19/51		27. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
28. LOCATION (City, town, or county) Baltimore, Maryland		29. DATE RECEIVED BY LOCAL REGISTRAR OCT 18 1951	
30. REGISTRAR'S SIGNATURE for Williams, M.		31. FUNERAL DIRECTOR Wm. Cook, Inc.	
32. ADDRESS 1217 St. Paul Street		33. VS 150	

MEDICAL CERTIFICATION

93D

VALLEY  
CONGRESS  
FROND



652  
51 8936BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8936  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Henrietta C. Scharnagel

2. DATE  
OF  
DEATH

October 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1436 Hull Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE  
B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

1436 Hull Street

e. Length of stay in Baltimore

Yrs.  
Mos.  
Days5. SEX  
6. COLOR OR RACE  
7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

female

white

married

8. DATE OF BIRTH

Feb. 19, 1881

9. AGE (In years,  
last birthday)

70

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Lawrence Harms

14. MOTHER'S MAIDEN NAME

Eliza

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Elton Scharnagel, 1436 Hull Street

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral hemorrhage

17 days

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Hypertensive cardio vascular  
disease.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK22. I hereby certify that I attended the deceased from 9/30/, 1951, to 10/17/, 1951, that I last saw the  
deceased alive on 10/16/, 1951, and that death occurred at 10 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Harry Deibel

M. O.

1226 Hanover Street,

10/17/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

10/20/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 18 1951

Wm. Cook, Inc.,

1217 St. Paul Street

Please learn at office

16 5  
8937

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8937  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		DAVID A. ABRAHAMS		Oct. 16, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)			
		Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Mercy Hospital		Baltimore			
D. STREET ADDRESS (If rural, give location)		3313 Taney Road			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Male		White		Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Proprietor		Wholesale Shoes		Baltimore, Maryland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF	
Henry Abrahams		unknown		USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Mrs. Laura Abrahams- 3313 Taney Road	

18. E 978x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Multiple fractures, abrasions & contusions		DUE TO			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
		Hotel		Lord Baltimore Hotel	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
Oct. 16, 1951		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		Jumped from window to roof	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER.....		23C. DATE SIGNED	
Stanley E. Dunleavy		M.D. ASSISTANT MEDICAL EXAMINER.....		Oct. 16, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		10/18/51		Har Sinsi Cemetery	
				24D. LOCATION (City, town, or county)	
				Baltimore, Maryland	

DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
OCT 18 1951		[Signature]		Sal. Lennon & Bros - 1124-26 W. North Avenue	
VS 151		N 829.0		29062	
				164E	

## STATE OF NEW YORK

IN SENATE

JANUARY 1, 1907

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION

PASSED BY THE SENATE

MAY 1, 1906

AND BY THE ASSEMBLY

MAY 1, 1906

AND BY THE SENATE

MAY 1, 1906

AND BY THE ASSEMBLY

MAY 1, 1906

AND BY THE SENATE

MAY 1, 1906

AND BY THE ASSEMBLY

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MAY 1, 1906

AND BY THE ASSEMBLY

MAY 1, 1906

AND BY THE SENATE

MAY 1, 1906

625

51 8938

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8938

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Samuel B. Pierson

2. DATE  
OF  
DEATH

10/12/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Sua Hospital

C. Length of stay in Baltimore

35 yrs.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Sportswear

13. FATHER'S NAME

Mendel Vidogsky

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

1872

9. AGE (In years last birthday)

79

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?  
USA

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

ADDRESS

Leon Pierson- 5810 Clover Road

18. 443X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Cerebral Hemorrhage

Hypertensive Cardiovascular Disease

INTERVAL BETWEEN ONSET AND DEATH

7 hrs

Yes

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10/16, 1951, to 10/17, 1951, that I last saw the deceased alive on 10/17, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Leon E. Laessle M.D.

23B. ADDRESS

Sua Hospital

23C. DATE SIGNED

10/12/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/19/51

24C. NAME OF CEMETERY OR CREMATORY

Beth Tfiloh Congg. Cem

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

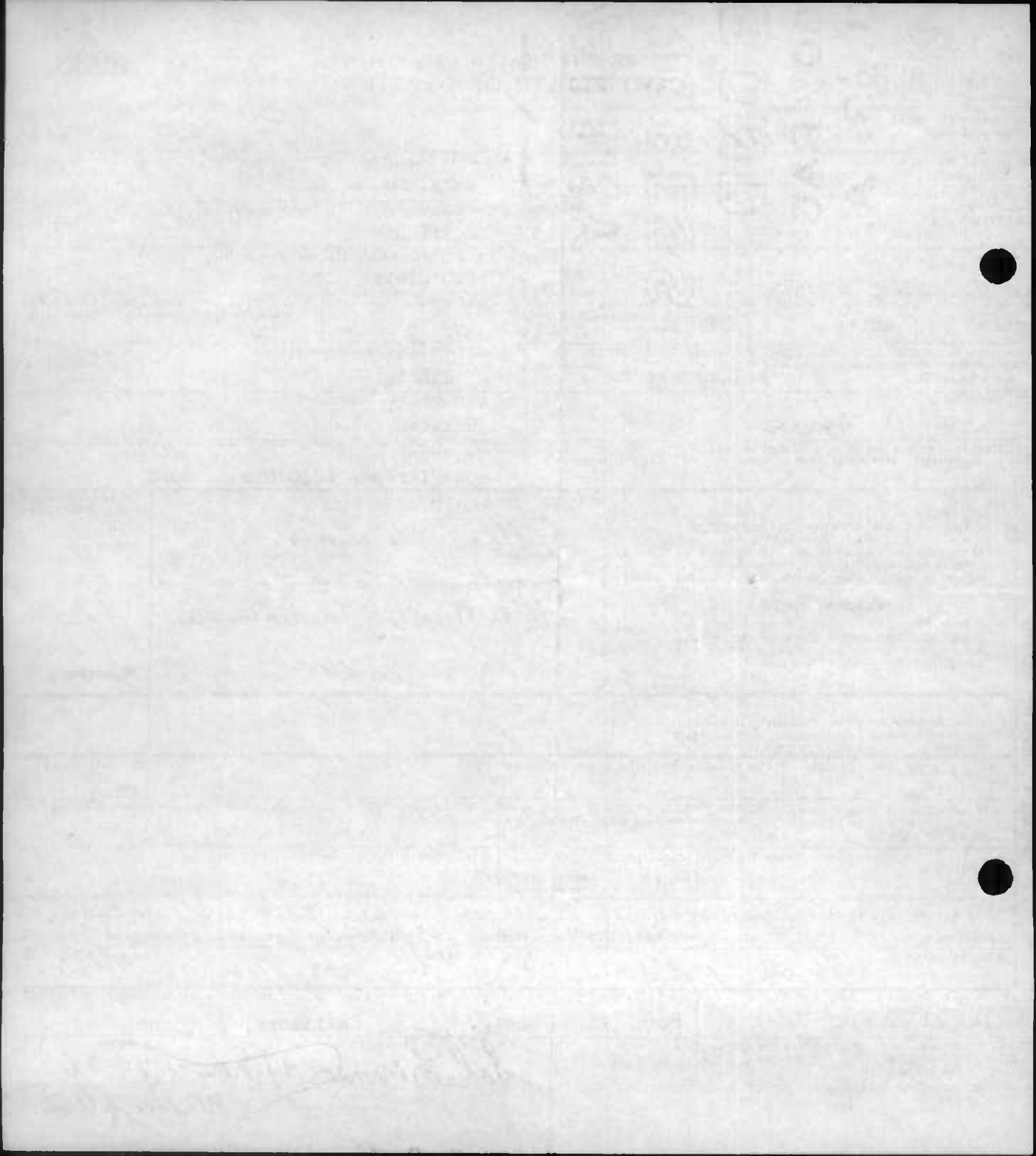
Walter J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sol. Levinson &amp; Bros - 1124-26

W. North Ave.



200  
1 8939BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8939  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>HENRIETTA W. PEASE</b>		2. DATE OF DEATH <b>Oct. 15, 1951</b>	
3. PLACE OF DEATH: a. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>2758 Kinsey Ave</b>		c. CITY OR TOWN <b>Baltimore City</b> d. STREET ADDRESS (If rural, give location) <b>2758 Kinsey Ave.</b>	
6. Length of stay in Baltimore Yrs. Mos. Days	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1/16/1868</b>	9. AGE (In years last birthday) <b>83</b> If Under 1 Year Months Days If Under 24 Hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (State or foreign country) <b>Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Herman Gerken</b>		14. MOTHER'S MAIDEN NAME <b>Agatha Rinden</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Ernest E. Pease..</b>		ADDRESS <b>2758 Kinsey ave</b>	
18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Arteriosclerosis, generalized</b> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <b>6 days.</b> <b>4 years.</b>	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Oct. 30</b> , 19 <b>46</b> , to <b>Oct. 15</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Oct. 15</b> , 19 <b>51</b> , and that death occurred at <b>120 p. m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Gilbert E. Rudman</b>		23B. ADDRESS <b>2517 W. Balto. St.</b>	
23C. DATE SIGNED <b>10/18/51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 18/51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 18 1951</b>		REGISTRAR'S SIGNATURE <b>Estington Williams, M.D.</b>	
VS 150		25. FUNERAL DIRECTOR <b>F.B. Wippert &amp; Son</b> ADDRESS <b>1300 Eutaw Pl. 17</b>	



Oct. 15. 1933

Administrative

Administrative

Administrative

Administrative

Administrative

Administrative

Administrative

Administrative

Administrative

Administrative

635  
51 8940BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8940  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Arthur Sylvester Harding

2. DATE  
OF  
DEATH

10/16/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

6000 Bellona ave  
Edgewood Nursing Home

C. Length of stay in Baltimore

47 yrs

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widower

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR  
INDUSTRY

Printer

13. FATHER'S NAME

Sydney Harding

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

no

16. SOCIAL  
SECURITY NO.

no

8. DATE OF BIRTH

8/22/67

9. AGE (In years,  
last birthday)

84

11 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Eliza Wood

17. INFORMANT

Ivy M. Whelpley Rockspring

ADDRESS 5602

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebral Hemorrhage -

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Arterio-sclerosis

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

none

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

INJURY

no injury

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951 to 16 Oct, 1951, that I last saw the  
deceased alive on 16 Oct, 1951, and that death occurred at 12 m., from the causes and on the date stated above.

23A. SIGNATURE

1200 N. Street

M. D.

23B. ADDRESS

412 Park Ave.

23C. DATE SIGNED

17 Oct 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Oct 19 1951

24C. NAME OF CEMETERY or CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Balt. Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

T. J. Williams, M.D.

25. FUNERAL DIRECTOR

H. J. Jenkins, 4905 York Rd

ADDRESS

832

OCT 1 8 1951

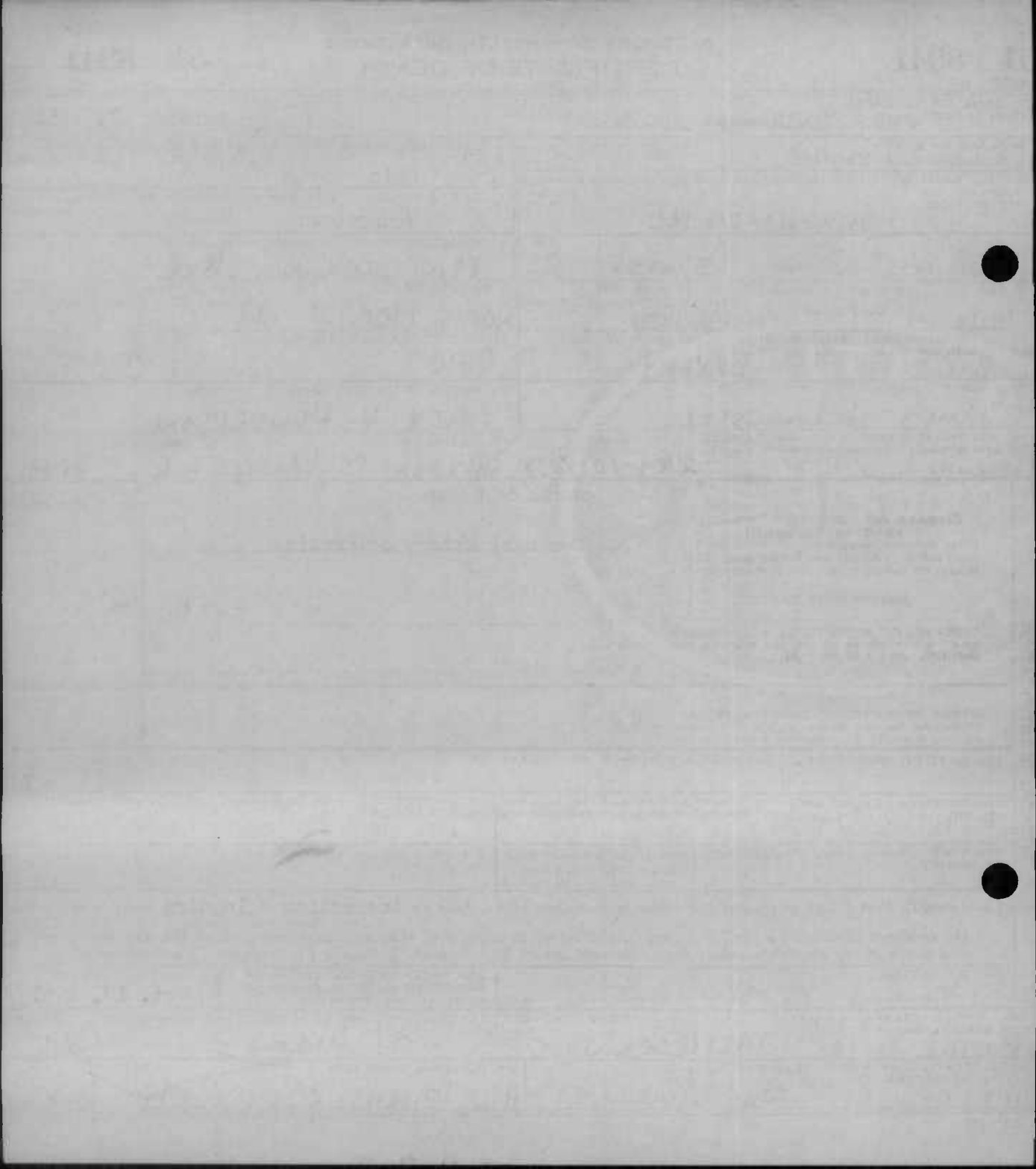
VS 150

815 Corbin Street  
712 Park Ave.

523  
8941BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 8941

1. NAME OF DECEASED (Type or Print) <b>JAMES EDGAR LANGSDALE</b>			2. DATE OF DEATH <b>October 17, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Ohio</b> B. COUNTY <b>V-33</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Youngstown</b>		
D. LENGTH OF STAY IN BALTIMORE <b>3 WKS</b>			D. STREET ADDRESS (If rural, give location) <b>1220 GLENWOOD AVE</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV. 16, 1906</b>	9. AGE (In years last birthday) <b>44</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BAKER</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>BAKERY</b>		
11. BIRTHPLACE (State or foreign country) <b>OHIO</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13. FATHER'S NAME <b>JAMES H. LANGSDALE</b>			14. MOTHER'S MAIDEN NAME <b>MARY V. HENDERSON</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b>			16. SOCIAL SECURITY NO. <b>283-10-9038</b>		
17. INFORMANT <b>THELMA M. LANGSDALE</b>			ADDRESS <b>SAME</b>		
18. <b>420.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) ... Coronary artery sclerosis ...</b> DUE TO <b>ANTECEDENT CAUSES</b> <b>(B) ...</b> DUE TO <b>(C) ...</b>					INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>inspection &amp; inquiry</u> thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanton H. Dureacher</i> M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>Oct. 17, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>10- 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>LOCKWOOD</b>	
24D. LOCATION (City, town, or county) <b>AKRON</b>		24E. LOCATION (City, town, or county) <b>OHIO</b>		24F. LOCATION (City, town, or county) <b>OHIO</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 18 1951</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <b>H.W. JENKINS &amp; SONS Co. 4905 YORK RD.</b>	
VS 151		50044		94a ✓	



51 8942 Registered No.		BALTIMORE CITY HEALTH DEPARTMENT <b>CERTIFICATE OF DEATH</b>	
BIRTH NO.			
1. NAME OF DECEASED (Type or Print) <i>Theodora Harrison</i>		2. DATE OF DEATH <i>October 16, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>JOHNS HOPKINS HOSPITAL</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baeto.</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Swings Mills</i>	
6. Length of stay in Baltimore <i>30 yrs?</i>		D. STREET ADDRESS (If rural, give location) <i>5300</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>11-15-75</i>
9. AGE (In years last birthday) <i>75</i>		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>own home</i>	
11. BIRTHPLACE (State or foreign country) <i>Pa.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>William Feltwell</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Pearson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>✓</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	
18. <i>4200</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Arteriosclerotic heart disease with failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 mo.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-10</i> , 1951, to <i>10-16</i> , 1951, that I last saw the deceased alive on <i>10-16</i> , 1951, and that death occurred at <i>8 P. m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Lee R. Martin</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>10-17-51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct 19 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St Thomas</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Forest Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>CT 1 8 1951</i>		REGISTRAR'S SIGNATURE <i>W. H. Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>H. Jenkins, Son to 4905 York Rd.</i>		ADDRESS	

22.  
1846



626  
51 8943

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

51 8943

CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH- COUNTY <u>Baltimore</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MD</u> COUNTY <u>Baltimore</u>	
3. If outside corporate limits, write RURAL and give nearest town <u>Home</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Fallston</u> <u>Hazard Co Md</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Good Samaritan</u>		STREET ADDRESS (If rural, give location) <u>6200</u>	
NAME OF DECEASED (Type or Print) <u>William</u> (First) <u>Parker</u> (Last)		4. DATE OF DEATH (Month) <u>Oct</u> (Day) <u>15</u> (Year) <u>1951</u>	
SEX <u>M</u>	6. COLOR OR RACE <u>M</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 3 - 1871</u>
9. AGE last birthday <u>80</u> yrs.		If under 1 year Months Days Hours Min.	
10. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) <u>Self Employed</u>		11. BIRTHPLACE (State or foreign country) <u>MD</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Charles Parker</u>	
14. MOTHER'S MAIDEN NAME <u>Unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>none</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT AND ADDRESS <u>Hattie M. Burton</u>	
18. MEDICAL CERTIFICATION			
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>ARTERIO SCLEROTIC CARDIO -</u>			
Antecedent cause(s) (b) <u>ASCULAR DISEASE &amp; CONGESTIVE FAILURE</u>			
(c) <u>CACHEXIA</u>			
OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19. DATE OF OPERATION		20. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		22. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
(CITY OR TOWN)		(COUNTY)	
23. TIME (Month) (Day) (Year) (Hour) OF INJURY		24. INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?		25. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
26. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on <u>10/12</u> , 19 <u>51</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>John H. Shaw M.D.</u>		ADDRESS <u>701 Channing Cross Rd. Baltimore Md.</u>	
DATE SIGNED <u>10/15/51</u>		DATE THEREOF <u>Oct 15 - 51</u>	
NAME OF CEMETERY OR CREMATORY <u>North M.E. Comm</u>		LOCATION (City, town, or county) <u>Fork Md.</u>	
27. BURIAL CREMATION REMOVAL (Specify) <u>Buried</u>		28. REGISTRAR'S SIGNATURE <u>William H. H.</u>	
29. DATE REC'D BY LOCAL REG. <u>OCT 18 1951</u>		30. FUNERAL DIRECTOR <u>C. E. Arthur</u>	
ADDRESS <u>Fork Md</u>			

93D



350

1 8944

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8944  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Lou Leddon</i>			2. DATE OF DEATH <i>10-15-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>25-06</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>md. Sun Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
C. Length of stay in Baltimore <i>life</i>			D. STREET ADDRESS (If rural, give location) <i>4371 Shamrock Ave.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S.</i>	8. DATE OF BIRTH <i>10 Nov. 1941</i>	9. AGE (In years last birthday) <i>10</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Student</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>School</i>		
11. BIRTHPLACE (State or foreign country) <i>Balto, Md.</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Wm. H. Leddon</i>			14. MOTHER'S MAIDEN NAME <i>Lillian M. Newman</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>—</i>		
17. INFORMANT <i>Wm. Leddon</i>			ADDRESS <i>4371 Shamrock Ave.</i>		

18. <i>223X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Encephalomalacia</i>	
ANTECEDENT CAUSES	DUE TO <i>Heroin of cerebellum</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>—</i>	
II	(C) <i>—</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>9-14-51</i>	19B. MAJOR FINDINGS OF OPERATION <i>Heroin of cerebellum</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>—</i>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>—</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>—</i>
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>—</i>	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR? <i>—</i>
22. I hereby certify that I attended the deceased from <i>9-6</i> , 19 <i>51</i> , to <i>10-15</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>10-15</i> , 1951, and that death occurred at <i>2</i> p.m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Wm. H. Leddon</i>	23B. ADDRESS M. D. <i>md. Sun Hosp.</i>	23C. DATE SIGNED <i>10-15-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>10/18/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Immortal</i>
24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 18 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. H. Leddon</i>	25. FUNERAL DIRECTOR <i>Paul A. Newman</i>
ADDRESS <i>6017 Harbor</i>		



B-532

51 8945

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8945  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ANNIE KATHERINE BENTZ</b>			2. DATE OF DEATH <b>10/16/51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>504 Pontiac Ave.</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY-OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>504 Pontiac Ave.</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>12/26/1871</b>	9. AGE (In years last birthday) <b>79</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Conrad Gischel</b>			14. MOTHER'S MAIDEN NAME <b>Frances Hermann</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		
			17. INFORMANT <b>Family - Same</b>		
			ADDRESS		

18. <b>464X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b> DUE TO ANTECEDENT CAUSES <b>Thrombophlebitis</b> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNOER-LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-20-51</b> , to <b>10-15-51</b> , that I last saw the deceased alive on <b>10-15-51</b> , and that death occurred at <b>11-45 PM</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Eugene [Signature]</b>		23B. ADDRESS <b>3804 S Kenon</b>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>		24B. DATE <b>10/18/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Western Cemetery</b>	
				24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>	
DATE RECEIVED BY <b>OCT 18 1951</b>		REGISTRAR'S SIGNATURE <b>William [Signature]</b>		25. FUNERAL DIRECTOR <b>[Signature]</b>	
				ADDRESS <b>- 130 E. Fort Ave.</b>	

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B-616  
51 8946BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8946

1. NAME OF DECEASED (Type or Print) <b>JOSEPH BARBER</b>			2. DATE OF DEATH <b>Oct. 15, 1951</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>7-03</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johns Hopkins Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>1607 E. Monument Street</b>		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1607 E. Monument Street</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8-15-1895</b>	9. AGE (in years last birthday) <b>56</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lab. Asst. Davidson Chemical Co.</b>			11. BIRTHPLACE (State or foreign country) <b>Livingston, Louisiana</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>(M)</b>			12. CITIZEN OF WHAT COUNTRY? <b>United States</b>		
13. FATHER'S NAME <b>UNKNOWN</b>			14. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>26-90-9066</b>		
17. INFORMANT <b>Mrs. Carrie Holness</b>			ADDRESS <b>1607 Monument St.</b>		

18. <b>153X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Carcinoma of large bowel</b> DUE TO - <b>ANTECEDENT CAUSES</b> <b>(B) Arteriosclerotic cardiovascular disease</b> DUE TO <b>(C)</b>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>10-20-51</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

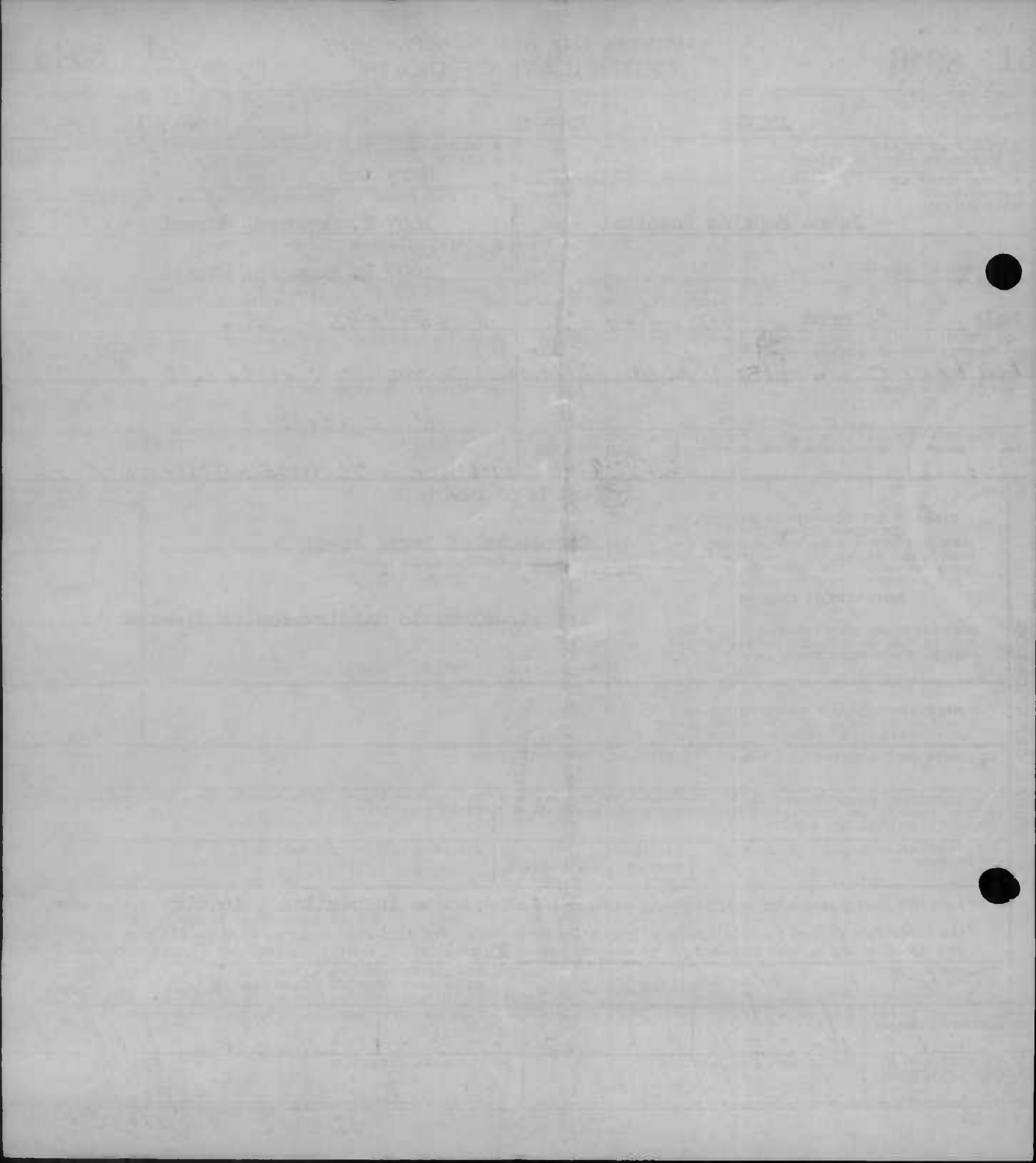
22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>Stanley H. Dunbar</b>	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input checked="" type="checkbox"/>	23C. DATE SIGNED <b>Oct. 16, 1951</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10-20-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Arctus Memorial Park</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 18 1951</b>	REGISTRAR'S SIGNATURE <b>Estrogen Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Randolph J. Collins</b>	ADDRESS <b>1528 Biddle St.</b>
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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 8947**

**S-416**  
**51 8947**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Emma H. Silbernagel</b>			2. DATE OF DEATH <b>Oct. 15, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>508 Mt. Holly St.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
6. LENGTH OF STAY IN BALTIMORE <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>508 Mt. Holly St.</b>		
7. SEX <b>Female</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>Sept. 26, 1886</b>		11. AGE (In years last birthday) <b>65</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Balto Probation Dept.</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>
12. CITIZEN OF WHAT COUNTRY? <b>US</b>			13. FATHER'S NAME <b>Henry William Klein</b>		
14. MOTHER'S MAIDEN NAME <b>Eliza V. Hachtel</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		
16. SOCIAL SECURITY NO. <b>no</b>			17. INFORMANT ADDRESS <b>John F. Silbernagel 508 Mt Holly St</b>		

18. <b>42211</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Acute Cardiac Dilatation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</b>
(A) DUE TO <b>Cardio Vascular disease</b>		<b>several years</b>
(B) DUE TO		
C. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>10-19-51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Oct. 12, 1951</b> , to <b>Oct 15, 1951</b> , that I last saw the deceased alive on <b>Oct 14, 1951</b> , and that death occurred at <b>9:00</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Howard H. Hubbard</b>		23B. ADDRESS <b>422 Med Arts Bldg</b>		23C. DATE SIGNED <b>10-17-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-19-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Howard H. Hubbard, 2503 Edmondson Ave</b>			

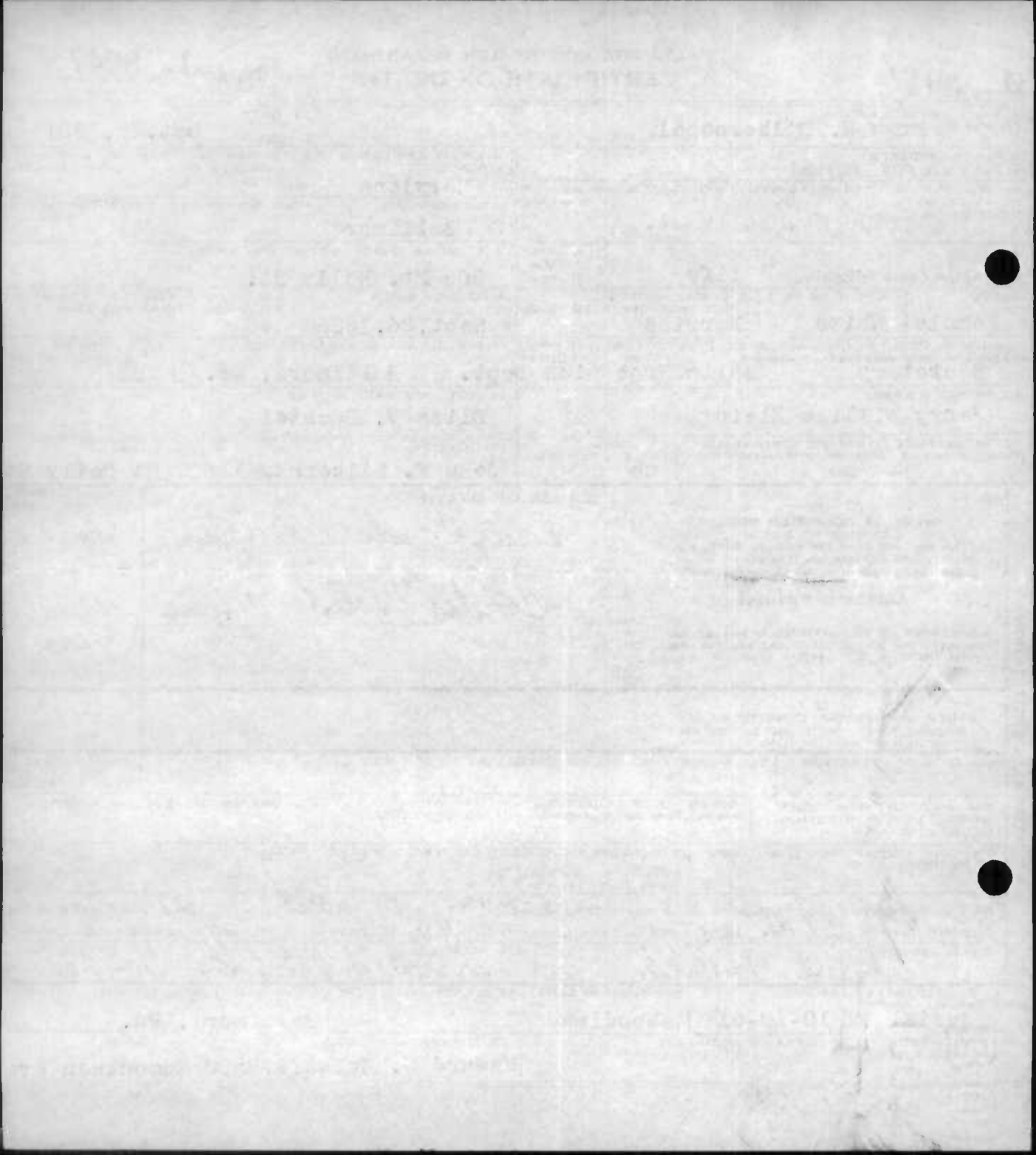
DATE RECEIVED BY LOCAL REGISTRAR  
**JCT 18 1951**

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MEDICAL CERTIFICATION



235  
51 8948BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8948  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Edward Mc Donald		2. DATE OF DEATH 10 17 51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltimore, Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland 24-03	
D. STREET ADDRESS (If rural, give location) 1252 Battery Avenue #30		E. DATE OF BIRTH Unknown	
F. AGE (in years last birthday) 74		G. Under 1 Year Months Days Hours Min. - - - -	
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Unknown	
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Knock ing moulder		10. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Mary Betz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 16-05-1394	
17. INFORMANT KATHLEEN HAYNIE		ADDRESS	

18. 490x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Leukemia DUE TO Rt. lower lobe pneumonia (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Adenocarc. Cardio. Vasc. Disease		

19A. DATE OF OPERATION 10-17-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

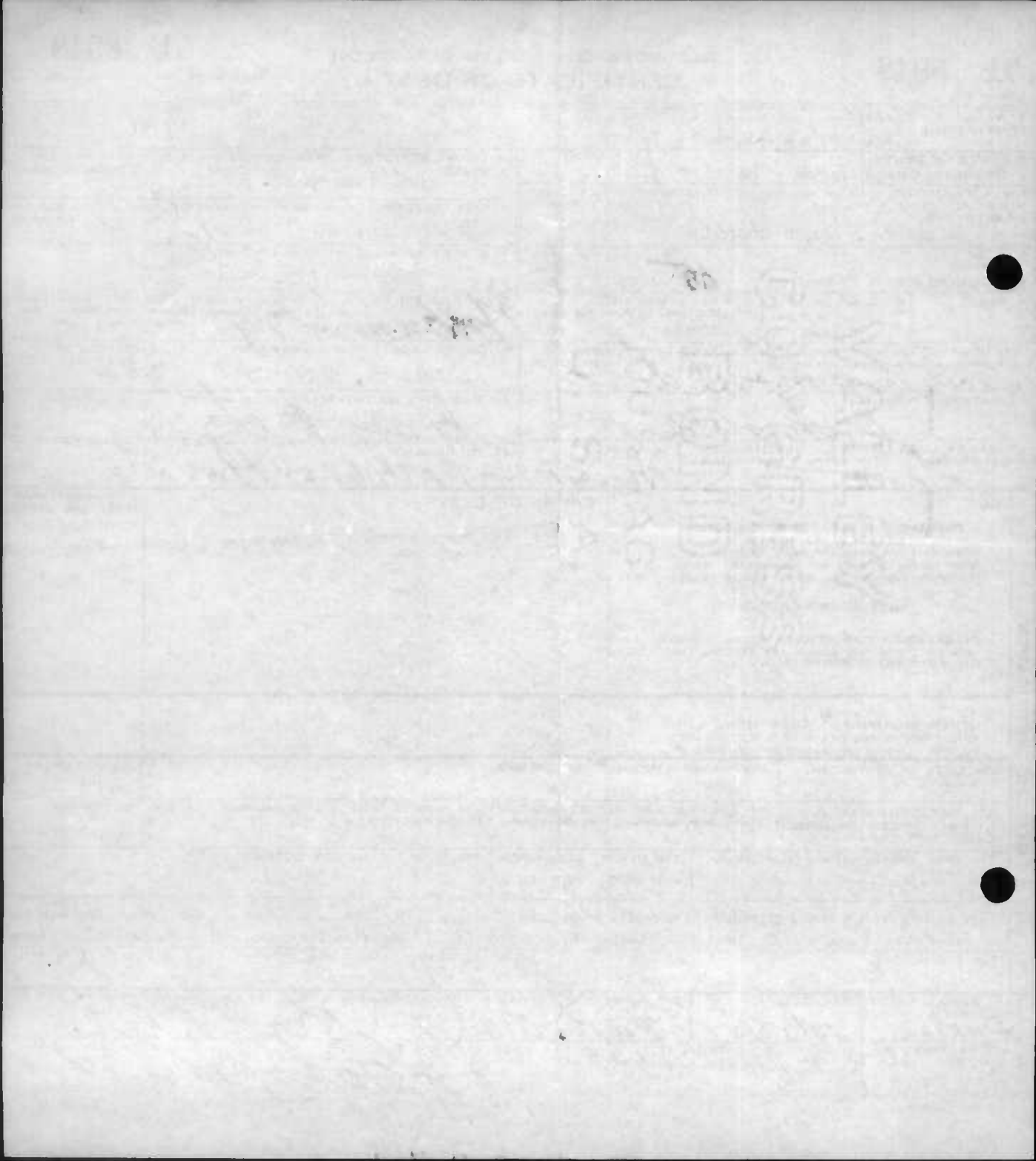
22. I hereby certify that I attended the deceased from 10-14, 1951, to 10-17, 1951, that I last saw the deceased alive on 10-17, 1951, and that death occurred at 8:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE Harry L. Knapp		23B. ADDRESS St. Agnes Hosp		23C. DATE SIGNED 10-17-51	
----------------------------------	--	--------------------------------	--	------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 10/20/51		24C. NAME OF CEMETERY OR CREMATORY Cathedral		24D. LOCATION (City, town, or county) (State) Balt. Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 18 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR J. J. Tahay		ADDRESS [Address]	

565-24

108



51 8949

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8949

Registered No.

BIRTH NO. M-642

1. NAME OF DECEASED  
(Type or Print)

KATHERINE MORELOCK

2. DATE  
OF  
DEATH

10-17-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

MERCY HOSP.

Yrs.  
Mos.  
Days

Length of stay in Baltimore

LIFE

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

26-01

D. STREET ADDRESS (If rural, give location)

4305 FURLEY AVE.

8. DATE OF BIRTH

Aug. 18, 1891

9. AGE (In years  
last birthday)

60

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOHN BIEB

14. MOTHER'S MAIDEN NAME

MINNIE SCHANZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

NO

17. INFORMANT

ADDRESS

Mr. Norman O. Morelock - 4305 Furley Ave

18. 154X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Possible Mesenteric Thrombosis ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

5077. 6, 1951

CARCINOMA OF RECTUM

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-14, 1951, to 10-17, 1951, that I last saw the  
deceased alive on 10-17, 1951, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. H. Shea

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/20/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

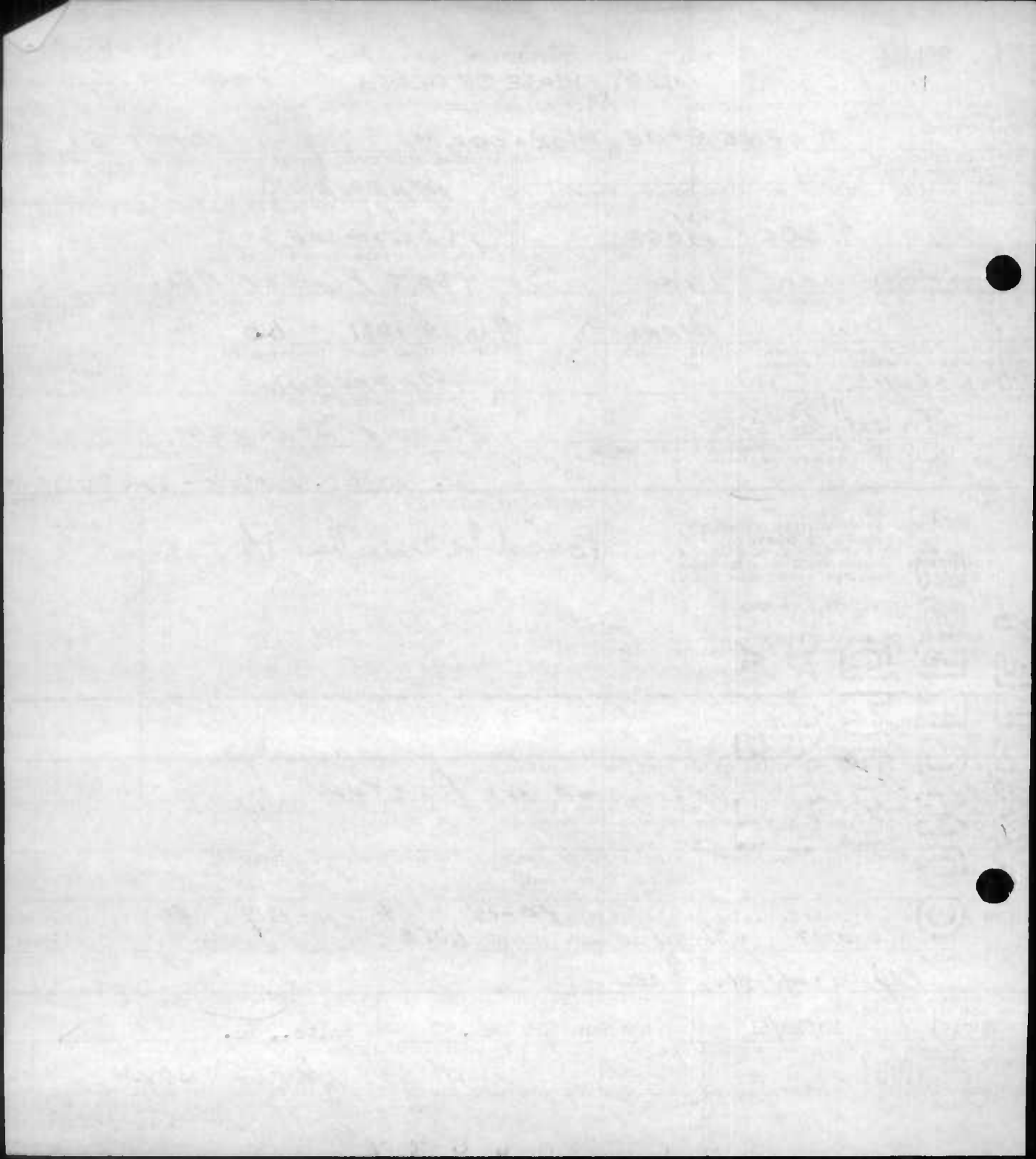
Wm. H. H. Shea

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Dickner &amp; Sons

46 D Balto mld





51 8950

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8950  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MILDRED VIRGINIA RYAN

2. DATE  
OF  
DEATH

Oct. 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Agnes Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

13. FATHER'S NAME

Mr. John G. Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

no

16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3212 Walbrook Ave.

15-06

8. DATE OF BIRTH

June 24, 1894

9. AGE (In years  
last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

M.  
Lola Harrison

17. INFORMANT

ADDRESS

Mr. John T. Ryan - 3212 Walbrook Ave.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

myocardial infarction  
acute coronary artery occlusion  
(thrombosis)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic Cardio vas.  
Disease

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 10/16, 1951, to 10-17, 1951, that I last saw the  
deceased alive on 10/17, 1951, and that death occurred at 3:50 P.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

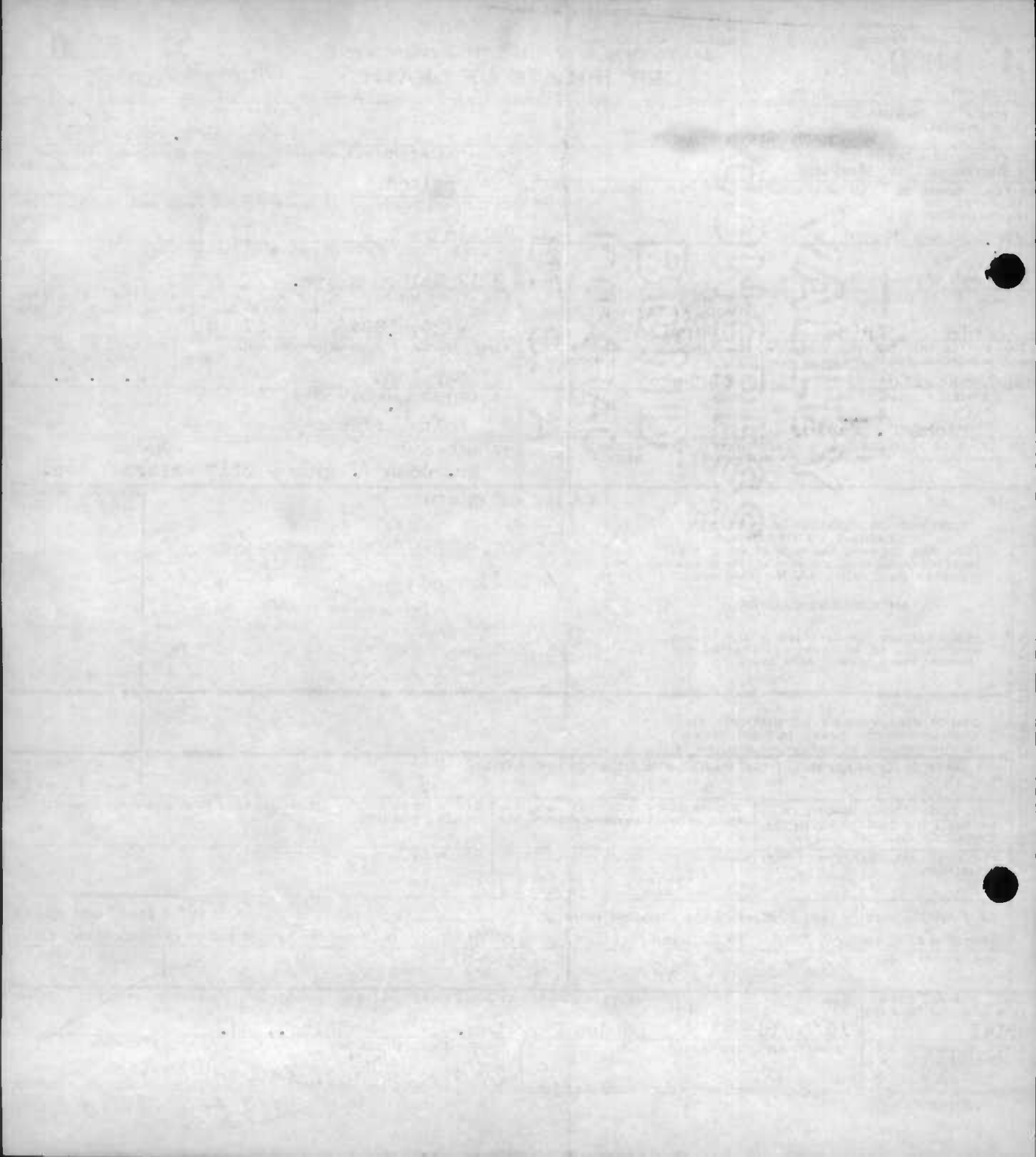
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Balto. Md.  
93D



1-1-255

51 8951

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8951  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>JEANNETTE M. HEGHINIAN</b>		2. DATE OF DEATH <b>Oct. 17, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>LUTHERAN HOSPITAL OF MD.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE #15</b>			
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>5528 RUSK AVENUE 27-19</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>May 22, 1870</b>	9. AGE (In years last birthday) <b>81</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Henry R. Eisenbrandt</b>		14. MOTHER'S MAIDEN NAME <b>Jeannette Wild</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Mr. Garabed W. Heghinian - 5528 Rusk Ave.</b>	
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute Myocardial infarction</b>		CAUSE OF DEATH (A) <b>Acute Myocardial infarction</b> DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>Oct. 17, 1951</b> , to <b>Oct. 17, 1951</b> that I last saw the deceased alive on <b>Oct. 17, 1951</b> , and that death occurred at <b>2 p.m.</b> , from the causes and on the date stated above.		23A. SIGNATURE <b>Thurston S. Daly</b> M. D.	
23B. ADDRESS <b>Lutheran Hosp. of Md.</b>		23C. DATE SIGNED <b>Oct. 17, 1951</b>		24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24B. DATE <b>10/20/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Park Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <b>Thurston S. Daly</b>		25. FUNERAL DIRECTOR <b>Wm. J. Grahner &amp; Sons - Balt Md 94a</b>	

MEDICAL CERTIFICATION

STATE OF TEXAS

COUNTY OF DALLAS

IN THE DISTRICT COURT OF THE

STATE OF TEXAS

IN RE: THE ESTATE OF

JOHN A. BROWN

DECEASED

VS.

THE DALLAS TRUST COMPANY

AS TRUSTEE

OF THE ESTATE OF

JOHN A. BROWN

DECEASED

VS.

THE DALLAS TRUST COMPANY

AS TRUSTEE

OF THE ESTATE OF

JOHN A. BROWN

DECEASED

VS.

THE DALLAS TRUST COMPANY

AS TRUSTEE

OF THE ESTATE OF

JOHN A. BROWN

# CERTIFICATE CORRECTED 10-22-51

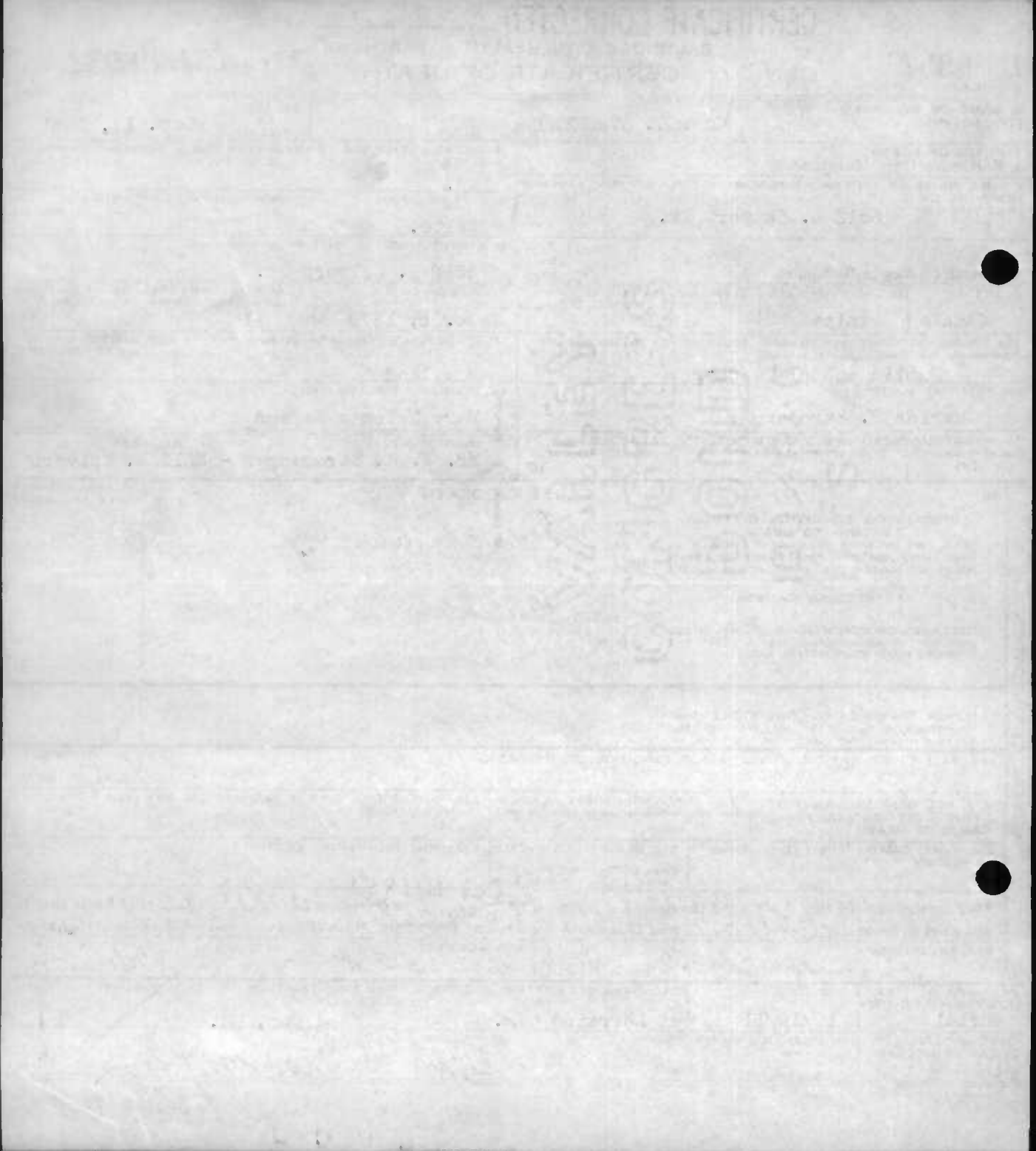
BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 8952

1 8952

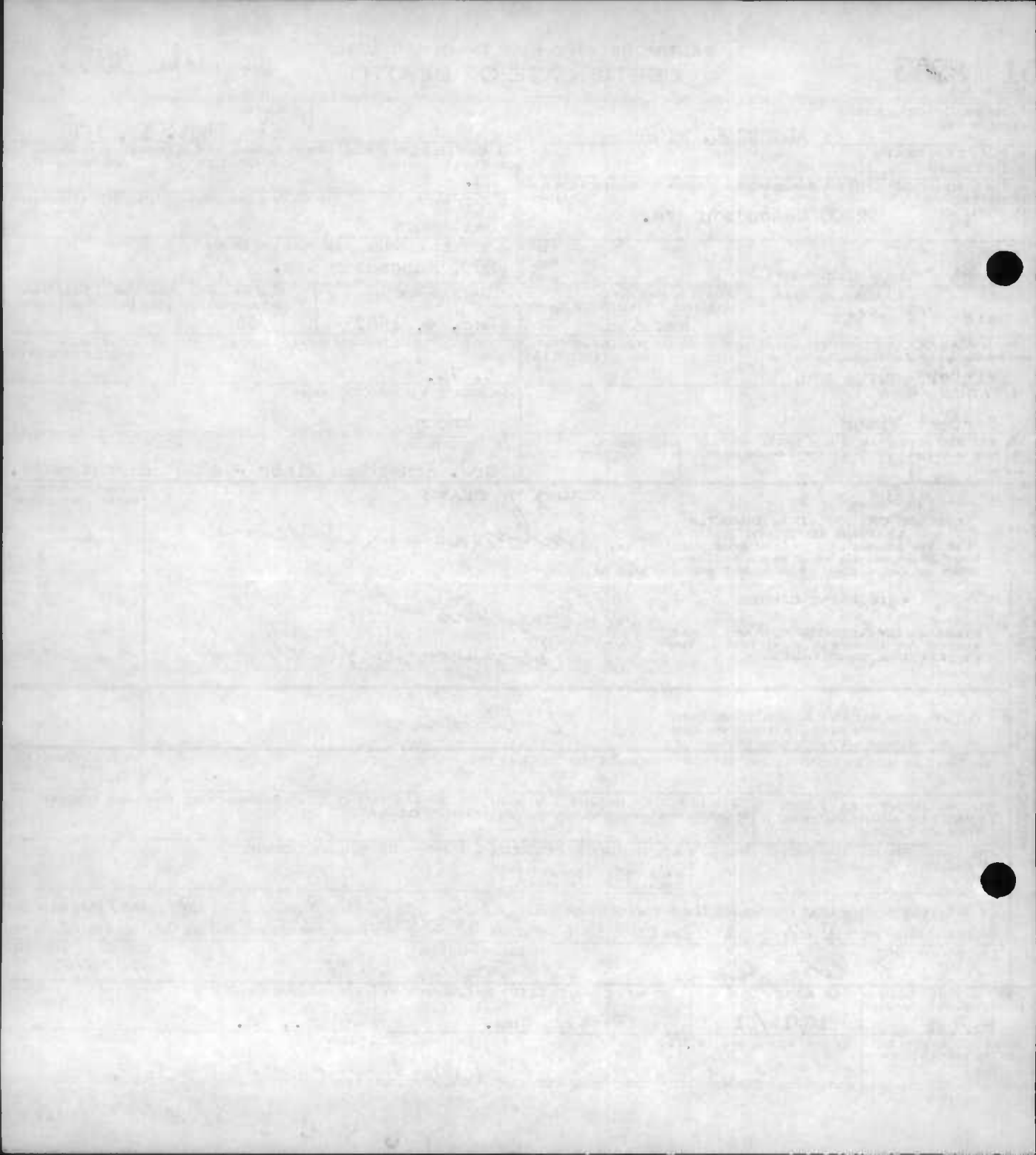
1. NAME OF DECEASED (Type or Print)		MARY E. STROMENGER		2. DATE OF DEATH		Oct. 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3512 N. Calvert St.				A. STATE Md.			
C. CITY OR TOWN Balto.				B. COUNTY			
D. STREET ADDRESS (If rural, give location) 3512 N. Calvert St.				1202			
5. SEX female				6. COLOR OR RACE white			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single				8. DATE OF BIRTH Sept. 5, 1870			
9. AGE (in years last birthday) 81				10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public School Teacher			
11. BIRTHPLACE (State or foreign country) Maryland				12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Charles H. Stromenger				14. MOTHER'S MAIDEN NAME Mary McComas Nelson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no				16. SOCIAL SECURITY NO. no			
17. INFORMANT Mr. W. N. Stromenger - 3512 N. Calvert				ADDRESS			
18. 331X CAUSE OF DEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO Central Nervous System							
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Arteriosclerotic Vascular Disease							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>October 11, 1951</u> to <u>October 12, 1951</u> , that I last saw the deceased alive on <u>October 11, 1951</u> and that death occurred at <u>1:10 PM</u> m., from the causes and on the date stated above.							
23A. SIGNATURE Newland Edward Day M. D.				23B. ADDRESS 4-E-330 St -18		23C. DATE SIGNED October 15, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/19/51		24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 18 1951		REGISTRAR'S SIGNATURE Thurston W. Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Lickner & Sons		ADDRESS Balto Md.	





BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 51 8953	
1. NAME OF DECEASED (Type or Print) <b>ALBERT L. MINOR</b>			2. DATE OF DEATH <b>Oct. 16, 1951</b>		
3. PLACE OF DEATH: a. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) <b>2000 Edmondson Ave.</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
d. LENGTH OF stay in Baltimore			e. STREET ADDRESS (If rural, give location) <b>2000 Edmondson Ave.</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec. 4, 1887</b>	9. AGE (In years last birthday) <b>63</b>	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter Journeyman</b>			11. BIRTHPLACE (State or foreign country) <b>W. Va.</b>		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Herbert Minor</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Mrs. Agnes Mae Minor - 2000 Edmondson Av.</b>			ADDRESS		
18. <b>463x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Culmanian Edema</b> DUE TO <b>Dyspnea Left foot - &amp; leg</b> DUE TO <b>Phlebitis</b> DUE TO <b>Arteritis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>1 week</b> <b>3 weeks</b> <b>15 Mo</b>		
19. DATE OF OPERATION <b>0</b>			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>8/14</b> 1950, to <b>9/16</b> 1951, that I last saw the deceased alive on <b>9/16</b> 1951 and that death occurred at <b>8:00</b> a. m., from the causes and on the date stated above.					
23a. SIGNATURE <b>J. W. Katzenberger</b>		23b. ADDRESS <b>Medical Arts</b>		23c. DATE SIGNED <b>9-17-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/19/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Western Cem.</b>	
24d. LOCATION (City, town, or county) <b>Balto., Md.</b>		(State)			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <b>Wm. J. Tichener &amp; Sons</b>		25. FUNERAL DIRECTOR <b>Wm. J. Tichener &amp; Sons</b>	
ADDRESS					





D-100  
51 8954  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

8954  
51 8954  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
James C. Duffy		Oct 16-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
100 E 23rd St Balto Md		STATE B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Dr. Beck Diagnostic Clinic 100 E 23rd St Balto #19 md		C. CITY OR TOWN 4133 Park Heights Ba Heights Md	
c. Length of stay in Baltimore 40 years		D. STREET ADDRESS (If rural, give location) 4133 Park Heights Ba Heights Md	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 9, 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Textile	9. AGE (In years last birthday) 68
13. FATHER'S NAME Thomas Duffy, (m)		11. BIRTHPLACE (State or foreign country) Jersey City, N. J.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 215-05-0583		14. MOTHER'S MAIDEN NAME Anna Dailey,	
17. INFORMANT Mrs. Margaret Duffy,		ADDRESS 4133 Park Heights Ave.	

18. 332 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uraemia - DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cm. Arteriosclerosis & Hypertension - St. Cerebral Thrombosis OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Uraemia - Cm. Arteriosclerosis & Hypertension - St. Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 8 days Indefinite 8 days
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Feb, 1951, to Oct 16, 1951, that I last saw the deceased alive on Oct 16, 1951, and that death occurred at 7:45 a.m., from the causes and on the date stated above.				
23A. SIGNATURE Nataniel M Beck		23B. ADDRESS 100 E. 23rd St Baltimore Md		23C. DATE SIGNED Oct 16-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct. 19, 1951		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery,
DATE RECEIVED BY LOCAL REGISTRAR		24D. LOCATION (City, town, or county) (State) Woodlawn, Balto. County, Md.		25. FUNERAL DIRECTOR C. Vernon Lemmon.
REGISTRAR'S SIGNATURE Huntington Holliman, M.D.		ADDRESS 4611 Park Heights Ave		

MEDICAL CERTIFICATION

490 KE

83B

STATE OF TEXAS  
COUNTY OF DALLAS

1904

...

A-516  
51 8955

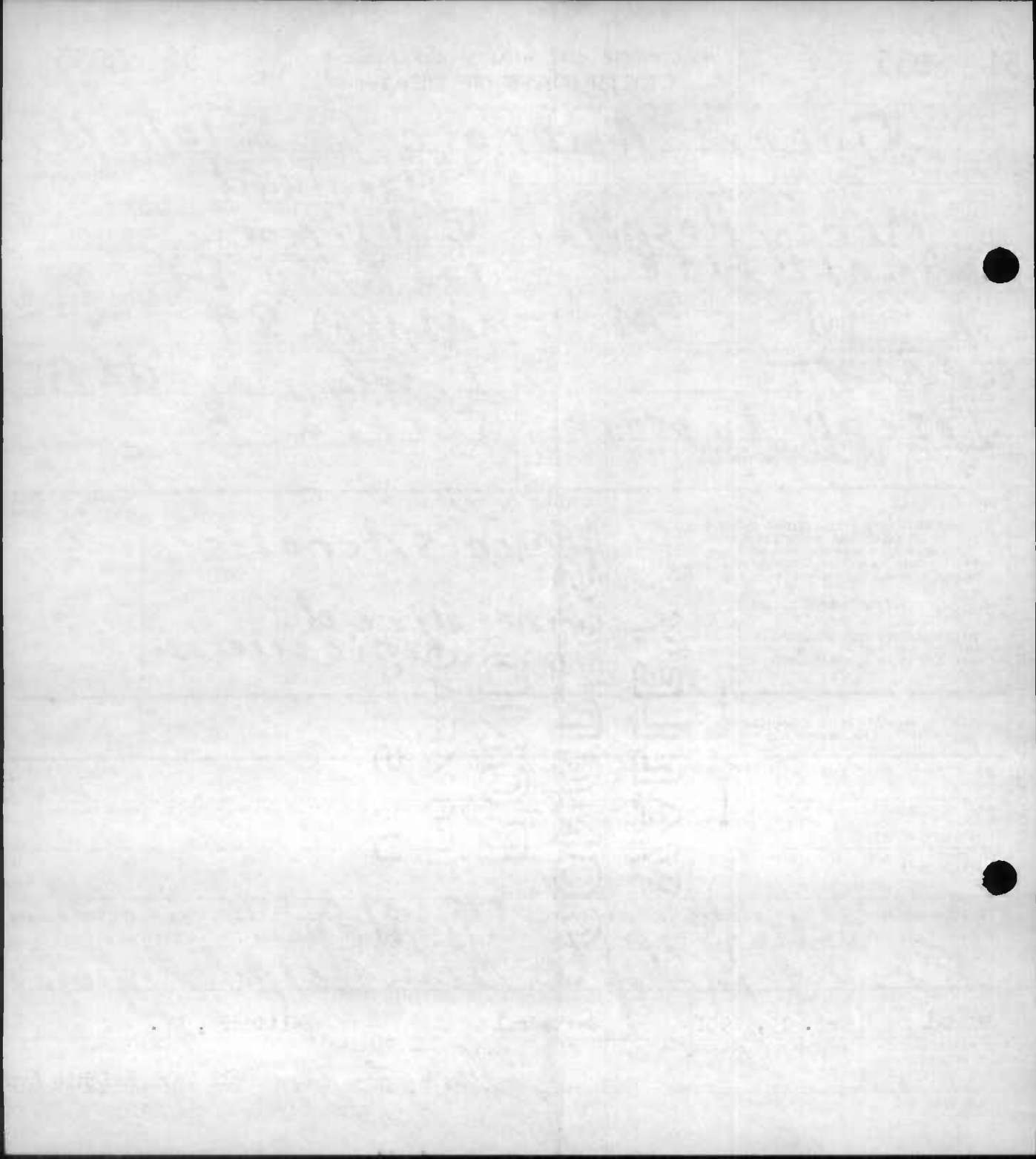
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

8955  
51 8955  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Vincent Ambrose</b>		2. DATE OF DEATH <b>10/16/51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Mercy Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
C. Length of stay in Baltimore <b>4 days</b>		D. STREET ADDRESS (If rural, give location) <b>1800 Eutan St</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>Mar 2, 1862</b>	9. AGE (in years last birthday) <b>89</b>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Italy</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Joseph Ambrose</b>			
14. MOTHER'S MAIDEN NAME <b>Terresa ?</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS			

18. <b>446x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Nephro-sclerosis</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Generalized Arteriosclerosis</b> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <b>Nephro-sclerosis</b> <b>Generalized Arteriosclerosis</b>	INTERVAL BETWEEN ONSET AND DEATH <b>?</b> <b>?</b>
---	--	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept 16, 1951</b> to <b>Oct 16, 1951</b> , that I last saw the deceased alive on <b>Oct 16, 1951</b> and that death occurred at <b>1:40 PM</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>Edward H. Lyle</b>		23B. ADDRESS <b>Mercy Hospital</b>		23C. DATE SIGNED <b>10/16/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>Oct. 19, 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Cathedral</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Norman Lammom, 4611 Park Heights Ave</b>			



<b>BALTIMORE CITY HEALTH DEPARTMENT</b> <b>CERTIFICATE OF DEATH</b>		51 8956 Registered No.
BIRTH No. 51 8956		
1. NAME OF DECEASED (Type or Print) <u>Harris, Charles A.</u>		2. DATE OF DEATH <u>Oct. 16, 1951</u>
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>University Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>
C. Length of stay in Baltimore _____ Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <u>2612 Pierpont St. 25-33</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY _____
13. FATHER'S NAME <u>Jesse Harris</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland.</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. _____
17. INFORMANT ADDRESS <u>Lena A. Harris, 2612 Pierpont St.</u>		14. MOTHER'S MAIDEN NAME <u>Ella ?</u>
18. <u>4701</u> CAUSE OF DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Coronary Occlusion</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Atherosclerosis Generalized</u> DUE TO		
(C) _____ DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <u>2</u>		19B. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>Oct 8</u> , 1951, to <u>Oct 16</u> , 1951, that I last saw the deceased alive on <u>Oct 16</u> , 1951, and that death occurred at <u>3:15 A.m.</u> , from the causes and on the date stated above.		
23A. SIGNATURE <u>Joseph C. Fitzgerald</u>		23B. ADDRESS <u>University Hospital</u>
23C. DATE SIGNED <u>10-16-51</u>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Oct. 19, 1951</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore National</u>
24D. LOCATION (City, town, or county) (State) <u>Ind.</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>Oct 17 1951</u>		REGISTRAR'S SIGNATURE <u>Thurston</u>
25. FUNERAL DIRECTOR <u>Mrs. Katie R. Williams</u>		ADDRESS <u>3224 Schermer St</u>
VS 150 <div style="text-align: center; font-size: 2em;">97099</div> <div style="text-align: right; font-size: 2em;">94a</div>		

the State of Illinois  
2112



B 620  
51 8957BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8957  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Martha Bracey

2. DATE  
OF  
DEATH

10/16/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Mary Hosp.

C. Length of stay in Baltimore

45

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

3/4/91

9. AGE (In years  
last birthday)

60

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laundress

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Richard R. Bone

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

Unknown

17. INFORMANT

Hosp. Records

ADDRESS

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Gastric Carcinoma

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/10, 1951, to 10/16, 1951, that I last saw the  
deceased alive on 10/16, 1951, and that death occurred at 5:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

C. R. Ireland

M. D.

23B. ADDRESS

Mary Hosp.

23C. DATE SIGNED

10/16/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 20 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Katherine Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N. Schroeder St.



F-260  
ND-153022  
51-8958  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

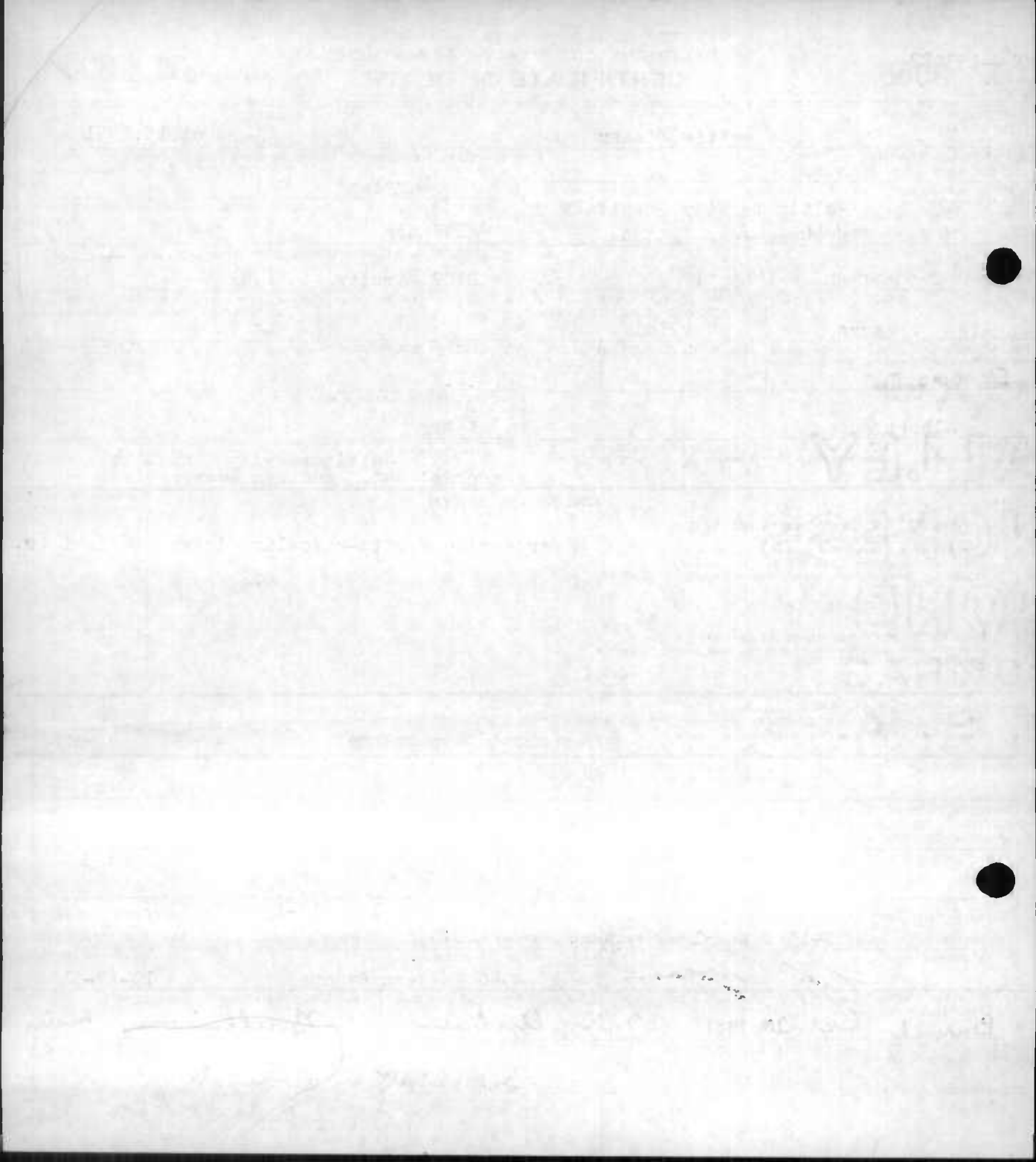
Registered No. 51 8958

1. NAME OF DECEASED (Type or Print) <b>Nettie Fisher</b>			2. DATE OF DEATH <b>Oct. 15, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
6. LENGTH OF STAY IN BALTIMORE <b>?</b>			D. STREET ADDRESS (If rural, give location) <b>2102 Barclay St. (18)</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>?</b>	9. AGE (In years last birthday) <b>45 ?</b>	10. UNDER 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <b>N.C.</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Albert Muse</b>			14. MOTHER'S MAIDEN NAME <b>Patsy</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Baltimore City Hospitals</b> <b>Records: 4940 Eastern Avenue</b>					

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive cardio-vascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Over 1 Yr.</b>
(A) OUE TO		
ANTECEDENT CAUSES (B) OUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Subarachnoid Hemorrhage</b>		<b>4 Days</b>

19A. DATE OF OPERATION <b>10-12</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) <b>10-15</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>10-12</b> , 19 <b>51</b> to <b>10-15</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-15</b> , 19 <b>51</b> and that death occurred at <b>10:05 p.m.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>[Signature]</b> M. D.		23B. ADDRESS <b>4940 Eastern Avenue</b>		23C. DATE SIGNED <b>10-17-51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct. 20, 1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>mt. Auburn</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 18 1951</b>		25. FUNERAL DIRECTOR <b>[Signature]</b> ADDRESS <b>1014 Edmondson Ave</b> <b>931</b>		

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **8959**

**D-250**  
**51-8959**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>LAVENA DICKSON</b>		2. DATE OF DEATH <b>October 15, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Franklin Square Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>103 N. Mount Street</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>January 10, 1879</b>
9. AGE (In years last birthday) <b>72</b>		10. UNDER 1 YEAR Months: Days	11. UNDER 24 HOURS Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Frederickburg, Va.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Unknown</b>		14. MOTHER'S MAIDEN NAME <b>Nannie</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Charles E. Dixon</b>		ADDRESS <b>915 E. Fayette St.</b>	

18. CAUSE OF DEATH <b>Arteriosclerotic cardiovascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b>		(A)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Diabetes mellitus</b>		(B)	
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Inspection &amp; Inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <b>natural causes</b> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <b>W. R. Williams</b>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	
23C. DATE SIGNED <b>Oct. 15, 1951</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct. 20, 1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR <b>Mrs. Kate R. Williams</b>	
		ADDRESS <b>Schroeder St. 322 N.</b>	



B 453  
51 8960  
BIRTH NO. 51-21042

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8960  
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Baby Boy Blanding</u>			2. DATE OF DEATH <u>10/17/51</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Balto.</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>University Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>15-04</u>		
C. Length of stay in Baltimore <u>one</u> <small>Yrs. Mos. Days</small>			D. STREET ADDRESS (If rural, give location) <u>1834 Walbrook Ave</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>9/12/51</u>		9. AGE (In years last birthday) <u>1</u> <u>5</u> <small>Months: Days</small>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Robert Blanding</u>			14. MOTHER'S MAIDEN NAME <u>house Blanding Thompson</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Mother</u> <u>same</u>		

18. <u>762.5</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) <u>Pneumonia</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Atelectasis</u> DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Prematurity</u>		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>no</u>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>no</u>			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9/12</u> , 19 <u>51</u> , to <u>10/17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10/17</u> , 19 <u>51</u> , and that death occurred at <u>4</u> P.m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Hartini K. Porter</u>		23B. ADDRESS <u>University Hosp.</u>		23C. DATE SIGNED <u>10/17/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>10/19/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cem.</u>	24D. LOCATION (City, town, or county) <u>Balto</u>	24E. LOCATION (State) <u>Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <u>Th...</u>	25. FUNERAL DIRECTOR <u>Mr. Harry P. Williams</u>		ADDRESS <u>322</u>	



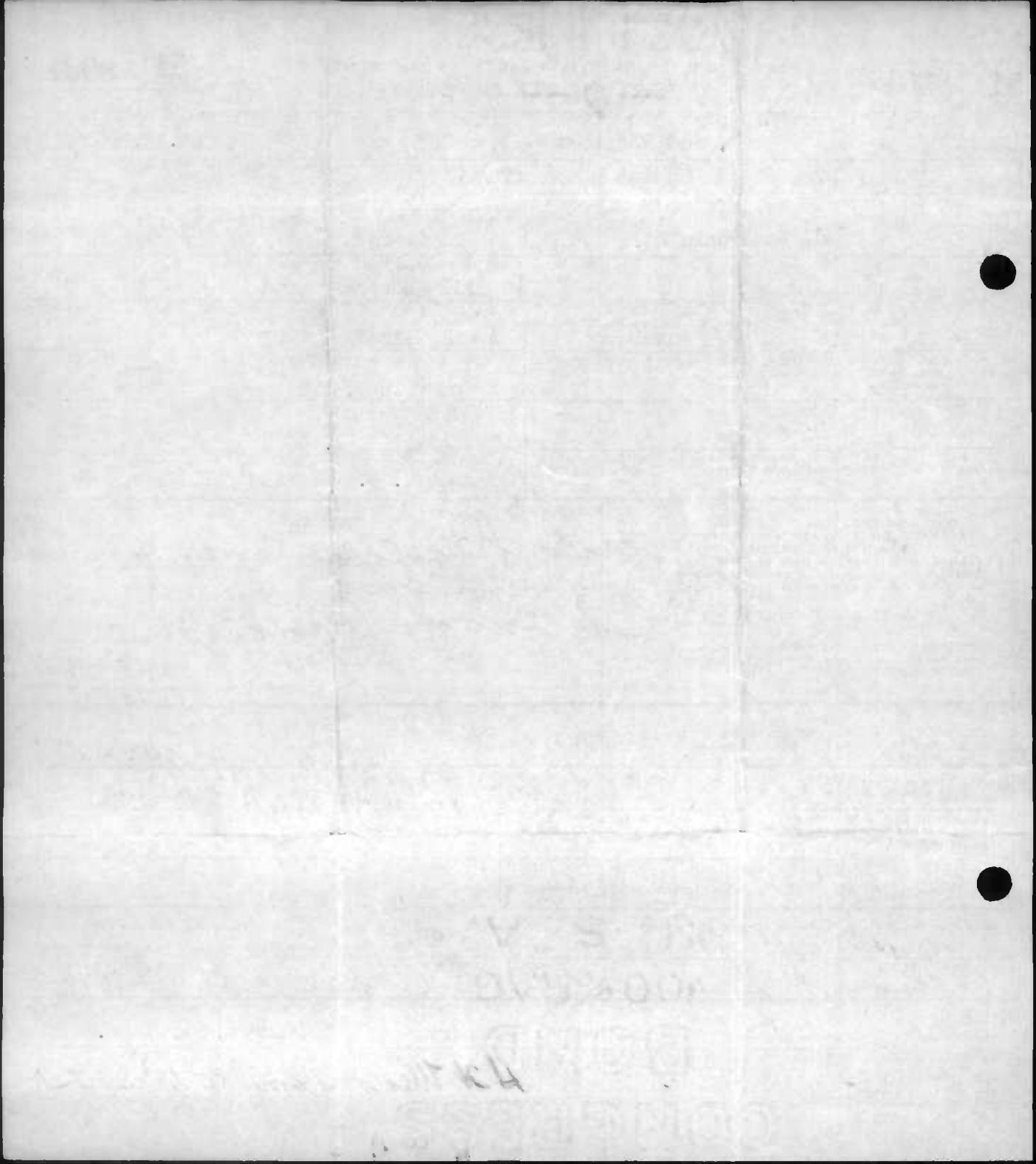
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UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

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BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. <b>51 8961</b>	
1. NAME OF DECEASED (Type or Print) <b>Mary Agnes Harrison</b>			2. DATE OF DEATH <b>Oct. 16, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md</b> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>3411 Cedardale Rd.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
6. Length of stay in Baltimore <b>60</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>3411 Cedardale Road</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>April 8, 1868</b>	9. AGE (In years last birthday) <b>83</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Cumberland, Md</b>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <b>George Brooks</b>		
14. MOTHER'S MAIDEN NAME <b>Christine Jamais</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <b>Margaret M. E. Harrison 3411 Cedardale Rd</b>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>metastatic carcinoma of right lung</b> DUE TO <b>Carcinoma of right Breast</b> DUE TO <b>13 1/2 years</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <b>12-3-37</b>			19B. MAJOR FINDINGS OF OPERATION <b>CARCINOMA - RIGHT BREAST</b> <b>CARCINOMA - RIGHT AXILLA</b>		
21A. ACCIDENT OR UNDERLYING CAUSE OF DEATH <b>6-16-49</b>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>6-16-49</b> to <b>Oct 2, 1951</b> , that I last saw the deceased alive on <b>Oct 2, 1951</b> , and that death occurred at <b>7:00 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>William J. Sullivan M.D.</b>			23B. ADDRESS <b>116 Chase St</b>		23C. DATE SIGNED <b>Oct 17-51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/19/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Cathedral Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 18 1951</b>		REGISTRAR'S SIGNATURE <b>W. H. Mead</b>		25. FUNERAL DIRECTOR ADDRESS <b>H. W. Mead &amp; Son, 805 N. Calvert St</b>	



11-256

51 8962

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8962  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Maria D. Megenhardt</b>				2. DATE OF DEATH <b>Oct 16, 1951</b>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>2000 Forest Park Ave</b>				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) B. COUNTY <b>2000 Forest Park Ave.</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, Md.</b>			
C. Length of stay in Baltimore <b>76</b> Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location)			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Apr 12, 1875</b>	9. AGE (In years last birthday) <b>76</b>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Unknown Dell</b>				14. MOTHER'S MAIDEN NAME <b>Maria Unknown</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>(If yes, give war or dates of service)</b>		16. SOCIAL SECURITY NO. -----		17. INFORMANT ADDRESS <b>Margaret Childs Owings Mills, Md.</b>			

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Occlusion</b> DUE TO	CAUSE OF DEATH <b>Coronary Occlusion</b> <b>Arteriosclerotic Cardiac Vase</b> DUE TO <b>Disease</b> <b>Arteriosclerotic Cardiac Vase</b> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Oct 13, 1951</b> to <b>Oct 16, 1951</b> that I last saw the deceased alive on <b>Oct 16, 1951</b> and that death occurred at <b>10:1 m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Wm. Thos. J. Abbott</b>		23B. ADDRESS <b>4509 Liberty Heights Ave</b>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct 20, 51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 18 1951</b>		REGISTRAR'S SIGNATURE <b>G. Howard Strong</b>		25. FUNERAL DIRECTOR ADDRESS <b>G. Howard Strong</b>	

STATE OF NEW YORK  
DEPARTMENT OF HEALTH

IN SENATE

JANUARY 1, 1908

REPORT OF THE COMMISSIONER OF HEALTH

FOR THE YEAR 1907

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>J. EDWARD JOHNSTON</b>		2. DATE OF DEATH <b>OCT. 17 '51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>JOHNS HOPKINS HOSPITAL</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>11-02</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>Belvedere Hotel</b>			
c. Length of stay in Baltimore <b>23</b>		Yrs. <b>Mon. <del>Days</del></b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>10.27.93</b>
9. AGE (In years last birthday) <b>57</b>		10. Under 1 Year Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Capitolist</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Director Safe Deposit Trust</b>	
11. BIRTHPLACE (State or foreign country) <b>FLORENCE, S.C.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Willis P. Johnston</b>		14. MOTHER'S MAIDEN NAME <b>Lola E. Rosborough</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>yes</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b>		ADDRESS	
18. <b>164x</b>		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>Sarcoma of the endometrium</b>	
ANTECEDENT CAUSES		(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>8-27</b> , 19 <b>51</b> to <b>10-17</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-17</b> , 19 <b>51</b> , and that death occurred at <b>8:30 p.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Wanda B. Ceehan</b>		23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>	
23C. DATE SIGNED <b>10-17-51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>Oct. 20, 1951</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>FLORENCE</b>		24D. LOCATION (city, town, or county) (State) <b>S.C.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 18 1951</b>		25. FUNERAL DIRECTOR <b>John O. Mitchell Sons Inc. 1908 E. Howard St.</b>	

MEDICAL CERTIFICATION

WATLEY  
CONGRESS  
BOND  
DOXAND  
U.S.A



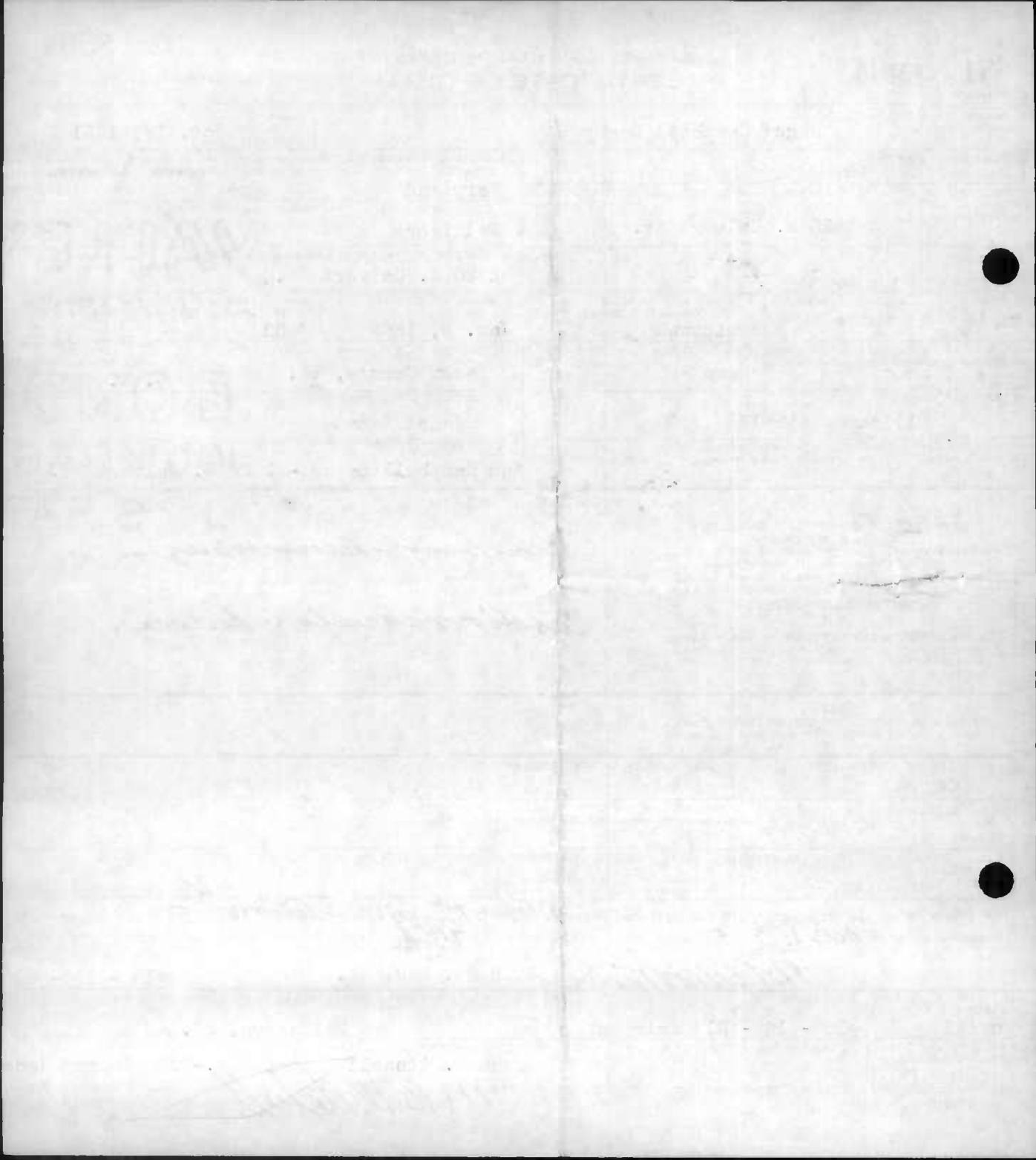
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51 8964BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8964

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Janet Campbell Bagby			2. DATE OF DEATH Oct. 16, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2920 N. Calvert St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-02		
C. Length of stay in Baltimore 50 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2920 N. Calvert St.		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 9, 1869	9. AGE (In years last birthday) 82	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Essex County, Va.		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME William Campbell			14. MOTHER'S MAIDEN NAME Janet Latane		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Ann Campbell Bagby - 2920 N. Calvert St.		
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO  (B) <i>Cardiovascular disease</i> DUE TO  (C)  INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from October 7 <sup>th</sup> , 1951, to October 16 <sup>th</sup> , 1951, that I last saw the deceased alive on Oct-16 <sup>th</sup> , 1951, and that death occurred at 7:15 A.M., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. M. E. Smith</i>		23B. ADDRESS 3005 St. Paul St.		23C. DATE SIGNED 10 - 17 - 51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 10 - 18 - 51	24C. NAME OF CEMETERY OR CREMATORY Friends		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 18 1951	REGISTRAR'S SIGNATURE <i>John O. Mitchell</i>		25. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons, Inc. - 1900 Eutaw Place <i>M B Mitchell</i>		



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1 8965BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8965  
Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Joseph F. Grodzicki</i>		2. DATE OF DEATH <i>Oct. 15, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. Md.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1628 E. Clement St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>24-01</i>	
C. Length of stay in Baltimore <i>53</i> Yrs.		D. STREET ADDRESS (If rural, give location) <i>1628 E. Clement St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>9/28/1898</i>
9. AGE (In years last birthday) <i>53 yrs.</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stenographer</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stenographer</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>America (Maryland)</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Joseph</i>		14. MOTHER'S MAIDEN NAME <i>Fludje</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>015-09-3528</i>	
17. INFORMANT <i>Mrs. M. Grodzicki</i>		ADDRESS <i>1628 Clement St.</i>	
18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Coronary Occlusion</i> DUE TO (A) _____		INTERVAL BETWEEN ONSET AND DEATH <i>30-60 sec.</i>	
II. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Myocardial Hypertension C.V.D.</i> DUE TO (B) _____		<i>5-10 yrs.</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Coronary Artery Other sclerosis</i> DUE TO (C) _____ <i>5-10 yrs.</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
22. TIME (Month) (Day) (Year) (Hour) INJURY		23. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
24. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>June</i> , 19 <i>48</i> to <i>Oct 15</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>August</i> , 19 <i>51</i> , and that death occurred at <i>4:00 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Aug E M.D.</i>		23B. ADDRESS <i>642 N. DLA</i>	
23C. DATE SIGNED <i>10-17-51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/19/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 18 1951</i>		REGISTRAR'S SIGNATURE <i>William H. Williams</i>	
25. FUNERAL DIRECTOR <i>Chas. F. Bell</i>		ADDRESS <i>1501 E. Fort Ave.</i>	

Oct 13 1951

John F. Kennedy  
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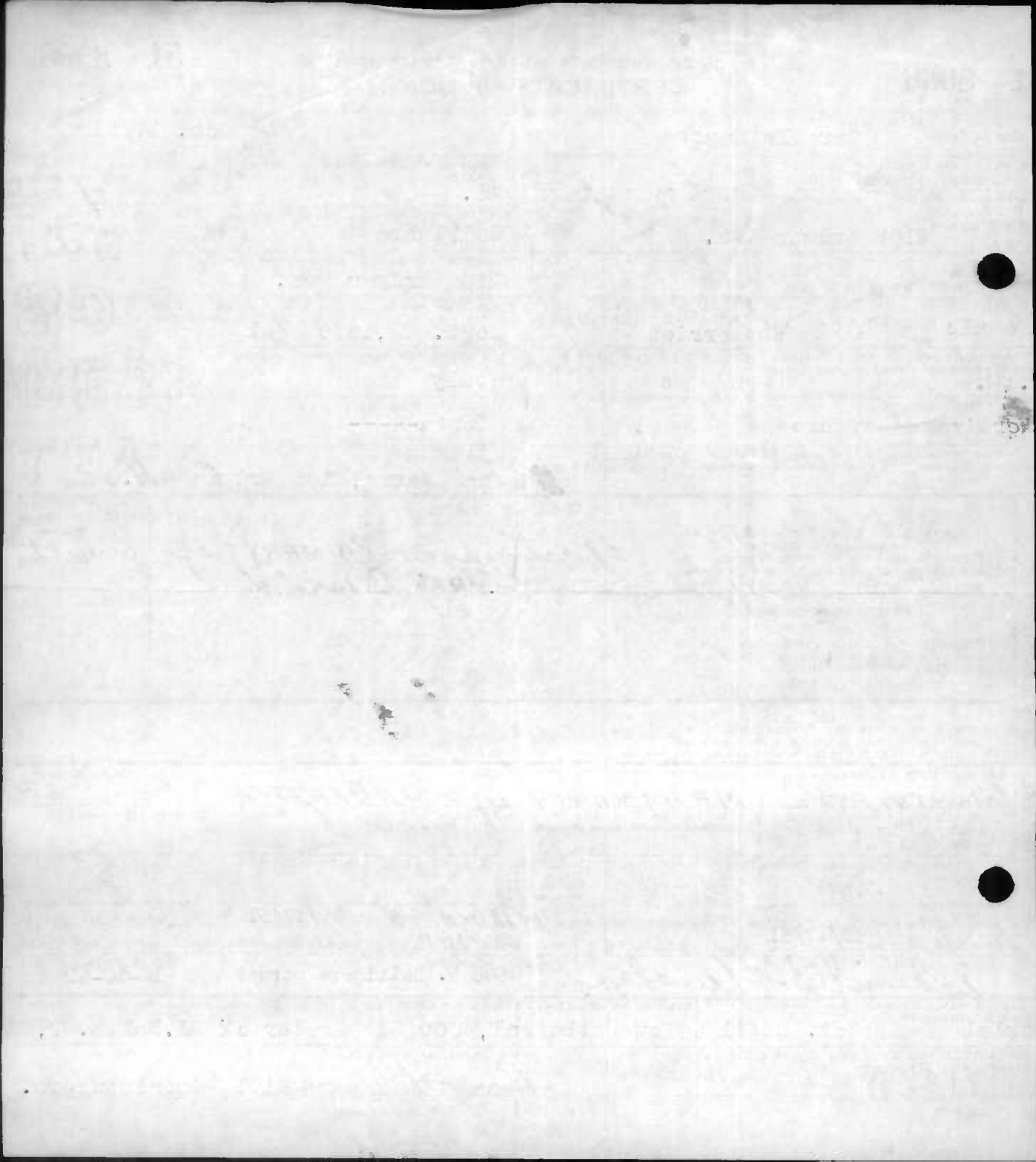
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1 8966BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8966  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Carmela Mauro</b>		2. DATE OF DEATH <b>Oct. 17/51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>2108 Erdman Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2108 Erdman Ave.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 23, 1890</b>
9. AGE (In years last birthday) <b>61</b>		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>W.</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Italy</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Ferdinand Aufiero</b>		14. MOTHER'S MAIDEN NAME <b>Maria-----</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Thomas Mauro, 2108 Erdman Ave.</b>		ADDRESS	
1B. <b>155X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Malignancy (PRIMARY) of GALL BLADDER</b> DUE TO <b>(B) CAUSE OF DEATH</b> <b>(C)</b> INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>6 MONTHS AGO</b>		19B. MAJOR FINDINGS OF OPERATION <b>MALIGNANCY of GALL BLADDER</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>MARCH, 1951</b> to <b>10/17/51</b> , 19__, that I last saw the deceased alive on <b>10/17/51</b> , 19__ and that death occurred at <b>10 P. m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Harold J. Hancock</b>		23B. ADDRESS <b>1945 W. Baltimore Street</b>	
23C. DATE SIGNED <b>10-18-51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>Oct. 22/51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral, 4300 Old Frederick Rd. Bal to. 29, Md</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 18 1951</b>		REGISTRAR'S SIGNATURE <b>Harry H. Nitzsche</b>	
25. FUNERAL DIRECTOR <b>Harry H. Nitzsche</b>		ADDRESS <b>101 Edmondson Ave.</b>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 8967**

**100**  
**51 8967**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ADDIE LAURA POPE</b>		2. DATE OF DEATH <b>October 17, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) <b>Baltimore</b>	
5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>617 St. Dunstons Road</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Aug. 12, 1869</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	9. AGE (In years last birthday) <b>82</b>
13. FATHER'S NAME <b>William H. Morris</b>		11. BIRTHPLACE (State or foreign country) <b>Richmond Co., Va.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		14. MOTHER'S MAIDEN NAME <b>Dorothea Scates</b>	
16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT ADDRESS <b>Mrs. Ethel Lenke - 617 St. Dunstons Rd.</b>	

<p>18. <b>E 900.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center"><b>CAUSE OF DEATH</b></p> <p>(A) <b>Fracture of skull</b> <del>DUE TO</del></p> <p align="center"><b>ANTECEDENT CAUSES</b></p> <p>(B) <b>Craniocerebral injury</b> <del>DUE TO</del></p> <p align="center"><b>II</b></p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>617 St. Dunstan's Road</b>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>October 17, 1951 12:10P.m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Fell down front steps</b>			
22. I certify that I took charge of the remains described above, held an <b>inspection &amp; inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley H. Dineen</i> M.D.		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Oct. 17, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/20/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>		

DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 18 1951</b>	REGISTRAR'S SIGNATURE <i>William H. Morris</i>	25. FUNERAL DIRECTOR'S ADDRESS <b>Wm. J. Tickener &amp; Sons</b> <b>Balto Md.</b>
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MEDICAL CERTIFICATION



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51 8968BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8968  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Edwin M. Howe

2. DATE  
OF  
DEATH

Oct 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
SINGLE10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

FRANCIS HOWE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution; residence  
before admission)

A. STATE

Ohio

B. COUNTY

V-32

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

WAKEMAN

D. STREET ADDRESS (If rural, give location)

BREEZEHILL

8. DATE OF BIRTH

8-3-26

9. AGE (In years  
last birthday)

25

11 Under 1 Year  
Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country)

?

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

?

17. INFORMANT

ADDRESS

18. 7544 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(A)

Cardiac failure

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

1 day

(B)

Post-operative hemorrhage

DUE TO

1 day

(C)

Pulmonic stenosis, congenital

prior  
toII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Oct 16, 1951

19B. MAJOR FINDINGS OF OPERATION

Congenital Pulmonic Stenosis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., to or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-9-1951, to 10-18-1951, that I last saw the  
deceased alive on 10-18-1951, and that death occurred at 12:50 a. m., from the causes and on the date stated above.

23A. SIGNATURE

James S. Salistone

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-18-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

10/18/51

24C. NAME OF CEMETERY OR CREMATORY

Birmingham Cem.

24D. LOCATION (City, town, or county)

Birmingham, Ohio

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 18 1951

REGISTRAR'S SIGNATURE

J. H. Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Vickner &amp; Sons - Balto

ADDRESS

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B-523  
51 8969BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8969  
Registered No.

BIRTH NO.

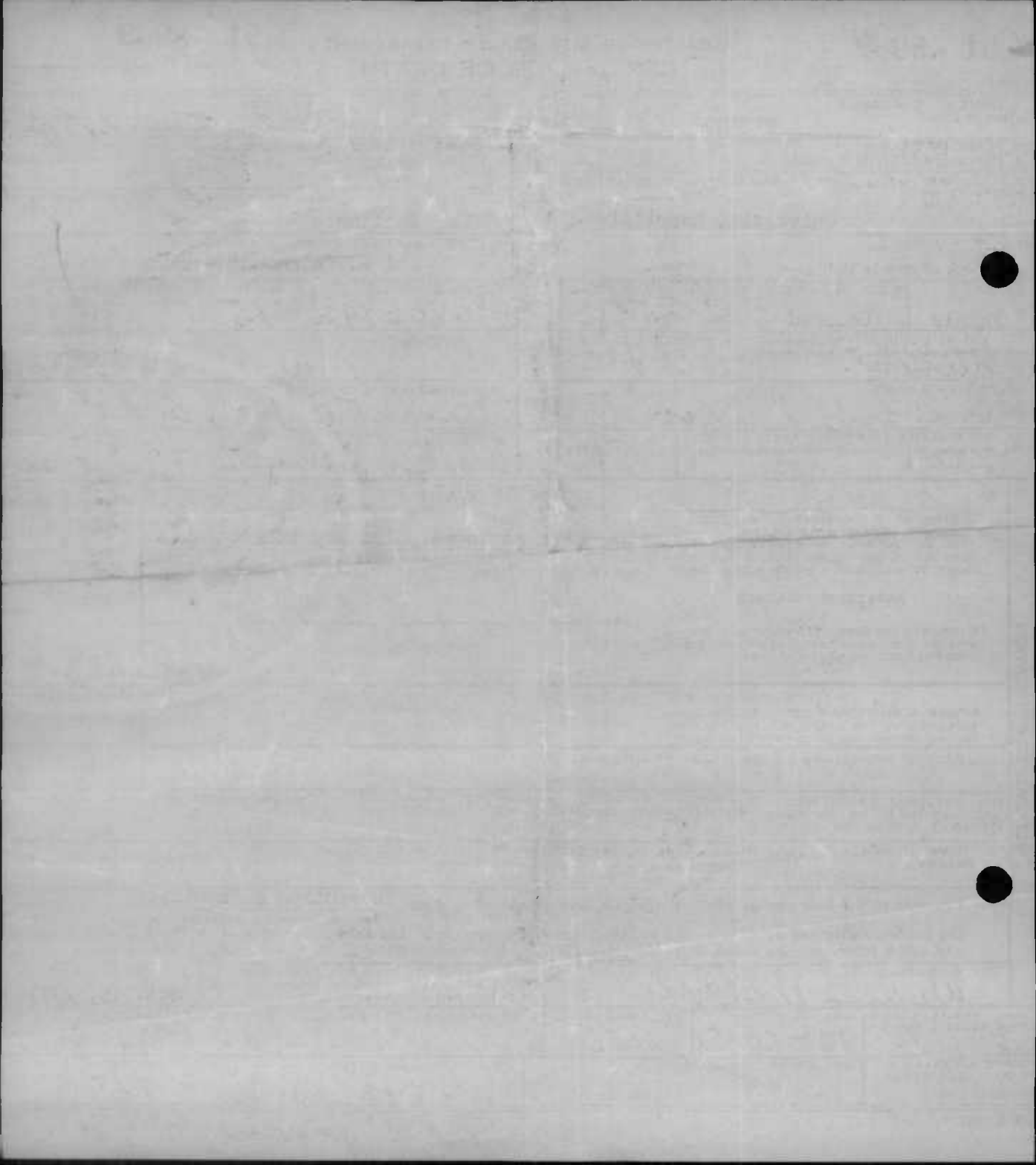
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
ELEANOR		October 15, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE Maryland	
University Hospital		B. COUNTY	
Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Yrs. Mos. Days		D. STREET ADDRESS (if rural, give location) 664 W. Fairmount Avenue 4-02	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH June 6, 1936 15
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday)
Student		School	11. BIRTHPLACE (State or foreign country) Md.
13. FATHER'S NAME Edward Bannister		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
no		none	
17. INFORMANT Elizabeth Bannister		ADDRESS Fairmount av.	

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Far advanced pulmonary tuberculosis DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
(C)		
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB- UTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. [Signature]	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED Oct. 15, 1951
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24B. DATE 10-20-51	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24D. LOCATION (City, town, or county) (State) Cedar Hill Md.
25. FUNERAL DIRECTOR A. [Signature]		ADDRESS - 918 - Cedar Hill ave.



500  
51 8970BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8970  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) David Cohen		2. DATE OF DEATH Oct 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 848 W Baltimore St		D. STREET ADDRESS (If rural, give location) 848 W Baltimore St		6. LENGTH OF STAY IN BALTIMORE 32 Yrs	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1876	9. AGE (In years last birthday) 75	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper Hanger		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lithuania	
13. FATHER'S NAME Calmen Cohen		14. MOTHER'S MAIDEN NAME Chaia Supinsky		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Robert Cohen 2609 Oakley Ave	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		ADDRESS	
18. 199.8		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Metastatic carcinoma, origin undetermined		unknown	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 31, 1951, to Oct 18, 1951, that I last saw the deceased alive on Oct 17, 1951, and that death occurred at 11A. m., from the causes and on the date stated above.					
23A. SIGNATURE Nathan Rousin		23B. ADDRESS 206 S. Gilman St.		23C. DATE SIGNED 10-18-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE October 19, 1951		24C. NAME OF CEMETERY OR CREMATORY Ahaves Sholom Cong Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR OCT 19 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR Sol Lewinson Bur North Ave	

CRIMINAL JUSTICE SYSTEM

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51 8971

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8971  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		RAY W. PRITCHARD		2. DATE OF DEATH		Oct. 16, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Md.			
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 3622 Yolando Rd.				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore				d. STREET ADDRESS (If rural, give location) 3622 Yolando Rd.			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 13, 1880	9. AGE (in years last birthday) 70	10. BIRTHPLACE (State or foreign country) Portland, Oregon		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemist			10b. KIND OF BUSINESS OR Standard Pharmaceutical & Mineralize Food Co			12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Pritchard			14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes			16. SOCIAL SECURITY NO. World War I			17. INFORMANT Mrs. Ray W. Pritchard	
			ADDRESS 3622 Yolando Rd.				

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		CAUSE OF DEATH Atherosclerotic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		(B)			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 10, 1951, to Oct 16, 1951, that I last saw the deceased alive on Oct 16, 1951, and that death occurred at 10:15 p.m. from the causes and on the date stated above.					
23a. SIGNATURE William J. Helbrech M.D.		23b. ADDRESS 5006 Roland Rd		23c. DATE SIGNED 10/18/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/19/51		24c. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
24d. LOCATION (City, town, or county) / (State) Pikesville, Md.		DATE RECEIVED BY LOCAL REGISTRAR OCT 19 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Thm. J. Sweeney & Sons		ADDRESS			

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Bacto, Md.

UNITED STATES OF AMERICA  
DEPARTMENT OF COMMERCE  
BUREAU OF MARITIME SERVICE

OFFICE OF THE SECRETARY OF COMMERCE  
WASHINGTON, D. C. 20540

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

SUBJECT: \_\_\_\_\_

RE: \_\_\_\_\_

REFERENCE: \_\_\_\_\_

ATTENTION: \_\_\_\_\_

ADMINISTRATIVE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

TELETYPE: \_\_\_\_\_

MAIL ROOM: \_\_\_\_\_

RECORDS: \_\_\_\_\_

GENERAL: \_\_\_\_\_

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51 8972

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8972  
Registered No.

BIRTH NO. 51-23925

1. NAME OF DECEASED (Type or Print) <b>PHYLLIS ANN LOTZ</b>			2. DATE OF DEATH <b>OCT. 17, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>BALT.</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>SOUTH BALTIMORE GENERAL HOSP.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 26-01</b>		
C. Length of stay in Baltimore <b>1</b>			D. STREET ADDRESS (If rural, give location) <b>4812 SUNBROOK AVE</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WH</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>OCT. 16, 1951</b>	9. AGE (in years last birthday) <b>1 DAY</b>	10. Under 1 Year Months: <b>1</b> Days: <b>1</b> Hours: <b>1</b> Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>MARTIN W. LOTZ</b>			14. MOTHER'S MAIDEN NAME <b>MARGARET <del>LOTZ</del> VOITZ</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT ADDRESS <b>BALT.</b> <b>MARTIN W. LOTZ 4812 SUNBROOK AVE.</b>		

18. <b>761.5</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>PREMATURITY</b>		CAUSE OF DEATH <b>PREMATURITY</b>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>PREMATURE SEPARATION OF PLACENTA</b>		DUE TO <b>PREMATURE SEPARATION OF PLACENTA</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <b>NONE</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
TIME (Month) (Day) (Year) (Hour) <b>INJURY</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **OCT. 16, 1951**, to **OCT. 17, 1951**, that I last saw the deceased alive on **OCT. 17, 1951**, and that death occurred at **3:20 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Leverin T. Golosich</b>	23B. ADDRESS <b>30. BALT. GEN. HOSP.</b>	23C. DATE SIGNED <b>10/17/51</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10-18-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
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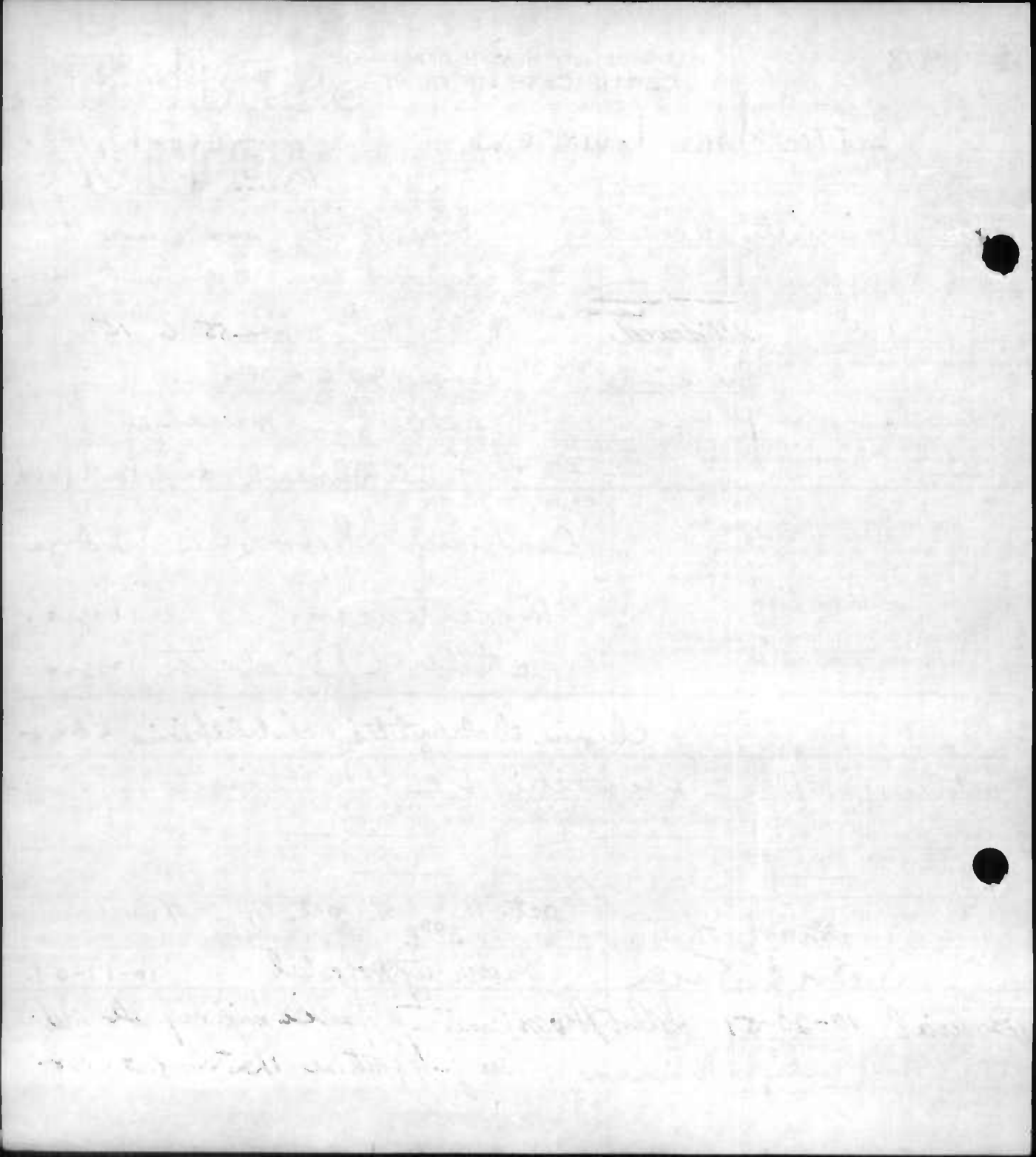
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1951</b>	REGISTRAR'S SIGNATURE <b>Wilmington Williams, Jr.</b>	25. FUNERAL DIRECTOR <b>George J. Smith Inc-1735 Hanford Ave</b>
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REMARKS: [illegible]

525  
51 8973BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8973

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>LETTIE JANE TOWNSEND</b>		2. DATE OF DEATH <b>OCT. 17, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Ind.</b> B. COUNTY <b>Anne Arundel</b>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>High Point</b>			
c. Length of stay in Baltimore <b>11</b>		D. STREET ADDRESS (If rural, give location) <b>Edgewood Ave High Point Ind.</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. <del>SINGLE</del> <b>MARRIED</b> <del>WIDOWED</del> <b>WIDOWED</b> (Specify)		8. DATE OF BIRTH <b>April 2, 1896</b>	9. AGE (In years last birthday) <b>56-55</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <b>housewife</b>		11. BIRTHPLACE (State or foreign country) <b>Tangier Island, Va.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. FATHER'S NAME <b>Charles Murphey</b>		14. MOTHER'S MAIDEN NAME <b>Lettie Jane Murphy</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Frank Townsend</b> ADDRESS <b>High Point, Ind.</b>	
18. <b>760X</b>		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <b>Hypertension</b>		<b>10 yrs.</b>	
		(C) <b>Asthma, Diabetes</b>		<b>10 yrs.</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<b>Chronic cholecystitis &amp; cholelithiasis 5 days</b>			
19A. DATE OF OPERATION <b>October 13, 1951</b>		19B. MAJOR FINDINGS OF OPERATION <b>Cholecystitis &amp; cholelithiasis</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
INJURY		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <b>Oct. 11, 1951</b> , to <b>Oct. 17, 1951</b> , that I last saw the deceased alive on <b>2:00 PM 10-17 1951</b> , and that death occurred at <b>3:00 P. M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Victor H. Esler</b>		23B. ADDRESS <b>University Hospital</b>		23C. DATE SIGNED <b>10-17-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>10-20-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Green Haven Cemetery</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1951</b>		REGISTRAR'S SIGNATURE <b>Wilmington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>George J. Rath Inc.</b> ADDRESS <b>1735 Hanford Ave.</b>	





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8974

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MR. ERNEST J. CAVEY

2. DATE  
OF  
DEATH

10/18/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

ST. Agnes Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

2

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

BOSS WEAVER

10B. KIND OF BUSINESS OR  
INDUSTRY

WOOLEN MILL

13. FATHER'S NAME

John D. Cavey (m)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

213-09-6342

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

BALTO.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

C. CITY OR TOWN

Oltza

D. STREET ADDRESS (If rural, give location)

118. Pleasant Hill

8. DATE OF BIRTH

1-24-1895

9. AGE (in years  
last birthday)

56

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

C. C. Upton

17. INFORMANT

Philip Carey - Catonsville Md

ADDRESS

18. 4201

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

- DUE TO

Vremia  
Arteriosclerotic Cardio Vasc.  
Disease. & coronary artery  
sclerosis

(B)

- DUE TO

Also Diabetic Nephrosis

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/16, 1951, to 10/18, 1951, that I last saw the  
deceased alive on 10/18, 1951, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry L. Finger M. D.

23B. ADDRESS

at Hyattsville

23C. DATE SIGNED

10/18/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-30-1951

24C. NAME OF CEMETERY OR CREMATORY

HERNDON RIDGE MEM. PARK

24D. LOCATION (City, town, or county)

ELK RIDGE MD.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

for Williams, Md

25. FUNERAL DIRECTOR

ADDRESS

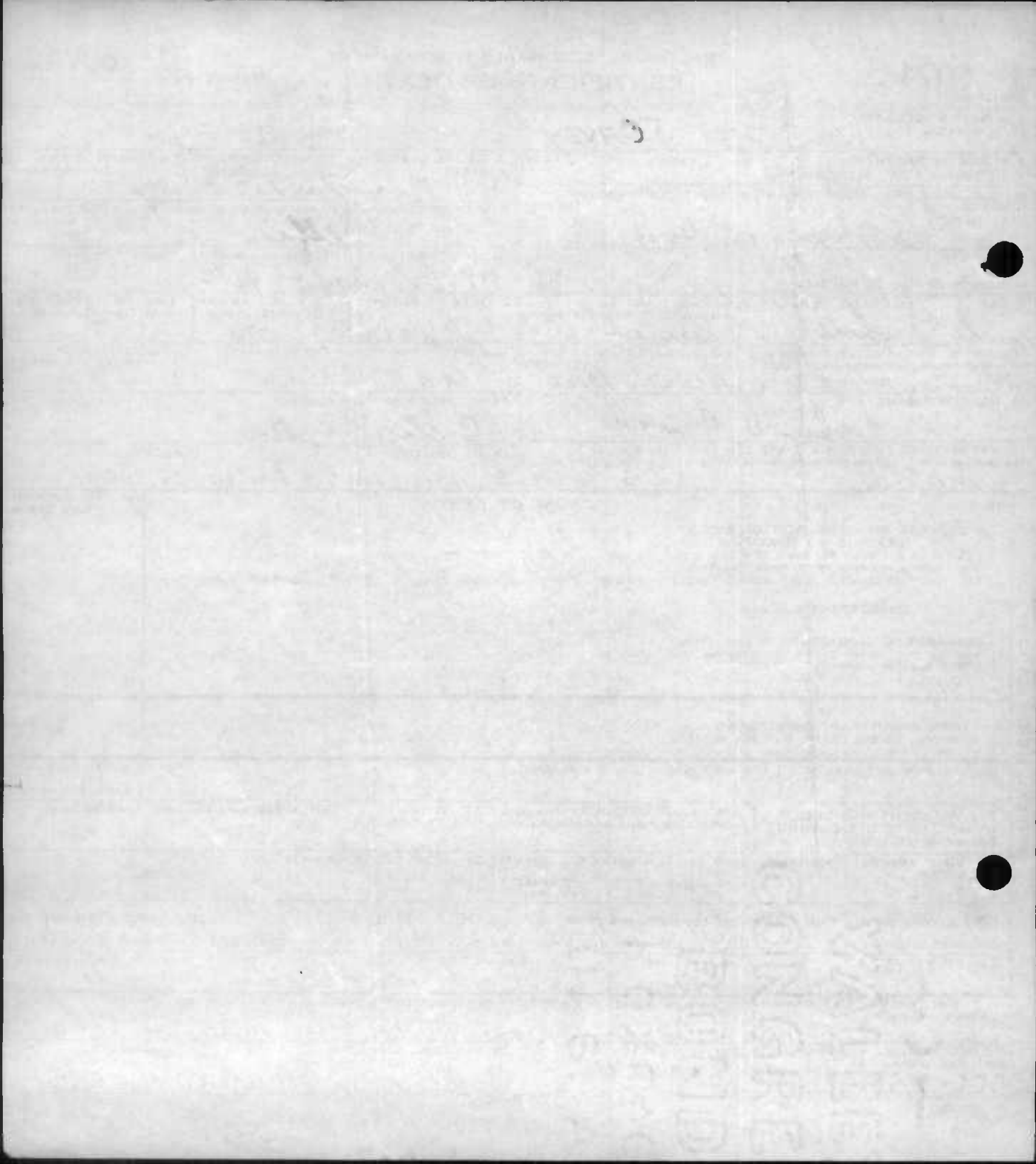
F. C. HIGGINBOTHAM, ELLICOTT CITY

VS 150

690 4E

061.0 Md.





240  
652  
51 8975BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8975

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Ellen Scully (Brunson)		Oct. 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3520 Hilton Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1017 Valley Street			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 1877	9. AGE (in years last birthday) 74	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Chamber Maid		10b. KIND OF BUSINESS OR INDUSTRY Belvedere Hotel		11. BIRTHPLACE (State or foreign country) Ireland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME James Scully			
14. MOTHER'S MAIDEN NAME Ellen Mullen		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Isabella Finn, 841 E. Chase Street			
18. 443X I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Acute Cardiac failure ANTECEDENT CAUSES (B) Ch Myocarditis DUE TO (C) Ch Hypertension OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/16 to 10/17, 1951 that I last saw the deceased alive on 10/17, 1951 and that death occurred at 7A m., from the causes and on the date stated above.					
23a. SIGNATURE D. G. Hornstein		23b. ADDRESS M. D. 204 E. Biddle St		23c. DATE SIGNED 10/18/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10/20/51		24c. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	
24d. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR ADDRESS Arm. Cook, Inc., 1217 St. Paul Street			

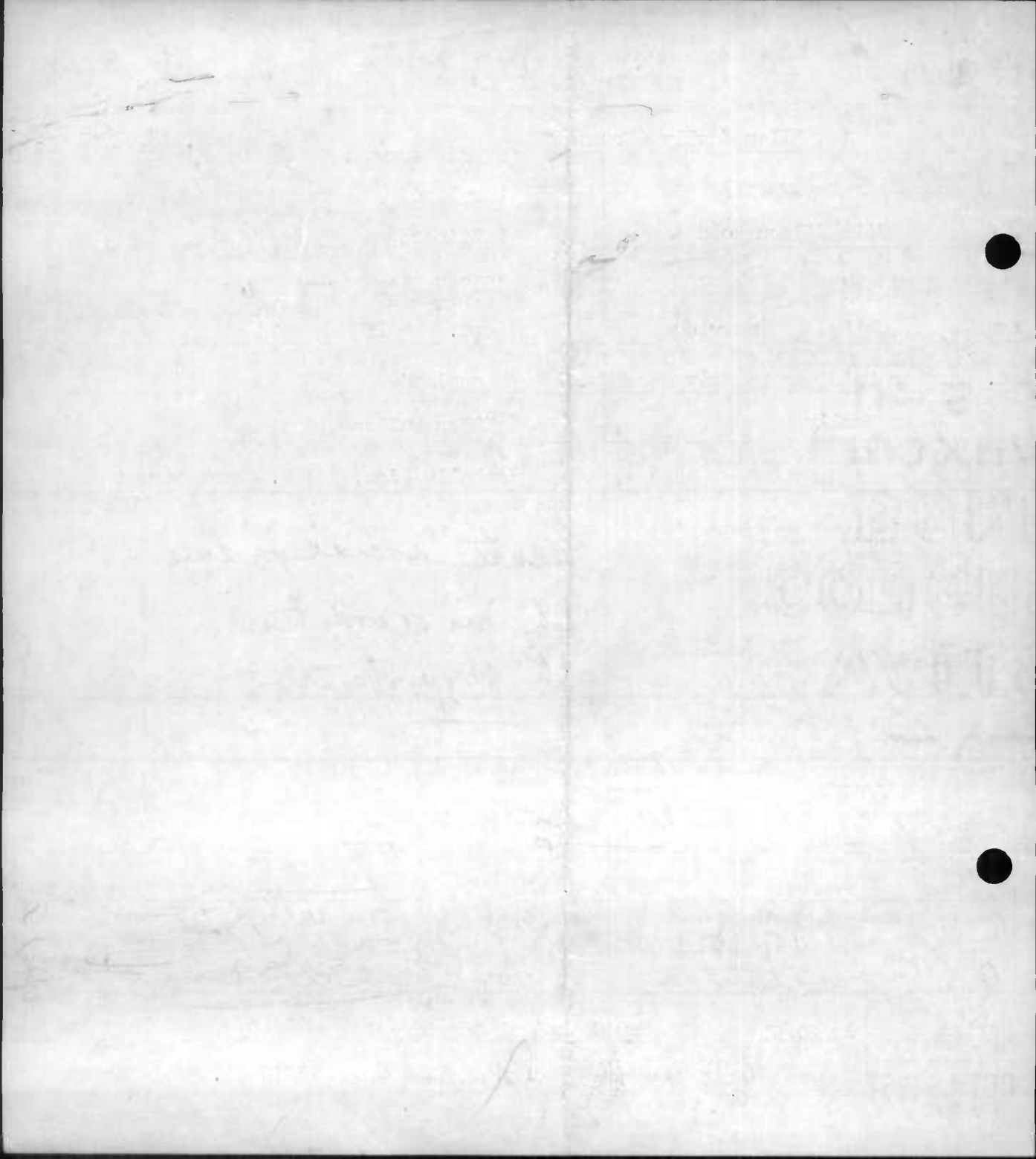
MEDICAL CERTIFICATION

OCT 19 1951

VS 150

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12-1514  
51 8976

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8976

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) <b>Lillian Mason</b>		2. DATE OF DEATH <b>10-18-1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>7-03</b>	
c. Length of stay in Baltimore <b>20yrs.</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2316 E. Madison St.</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 25- 1871</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	9. AGE (In years last birthday) <b>80</b>
11. BIRTHPLACE (State or foreign country) <b>North Carolina</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>John Murray</b>		14. MOTHER'S MAIDEN NAME <b>Eliz. Sherman</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Baltimore City Hospitals</b>		ADDRESS <b>Records: 4940 Eastern Ave.</b>	
18. <b>180 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Advanced Carcinoma of the Kidney</b> CAUSE OF DEATH (A) ..... DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ..... DUE TO (C) .....  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
19A. DATE OF OPERATION <b>7</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10-15-</b> , 19 <b>51</b> , to <b>10-18-</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-18-</b> , 19 <b>51</b> , and that death occurred at <b>7.10A</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>J. S. Ozen</b> M. O.		23B. ADDRESS <b>4940 Eastern Ave., Balto., Md.</b>	
23C. DATE SIGNED <b>10-18-51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/20/51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>		24D. LOCATION (City, town, or county) (State) <b>Woodlawn Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1951</b>		REGISTRAR'S SIGNATURE <b>Wm Cook Inc. 1217 St. Paul St.</b>	
VS 150		25. FUNERAL DIRECTOR ADDRESS	

MEDICAL CERTIFICATION

052A

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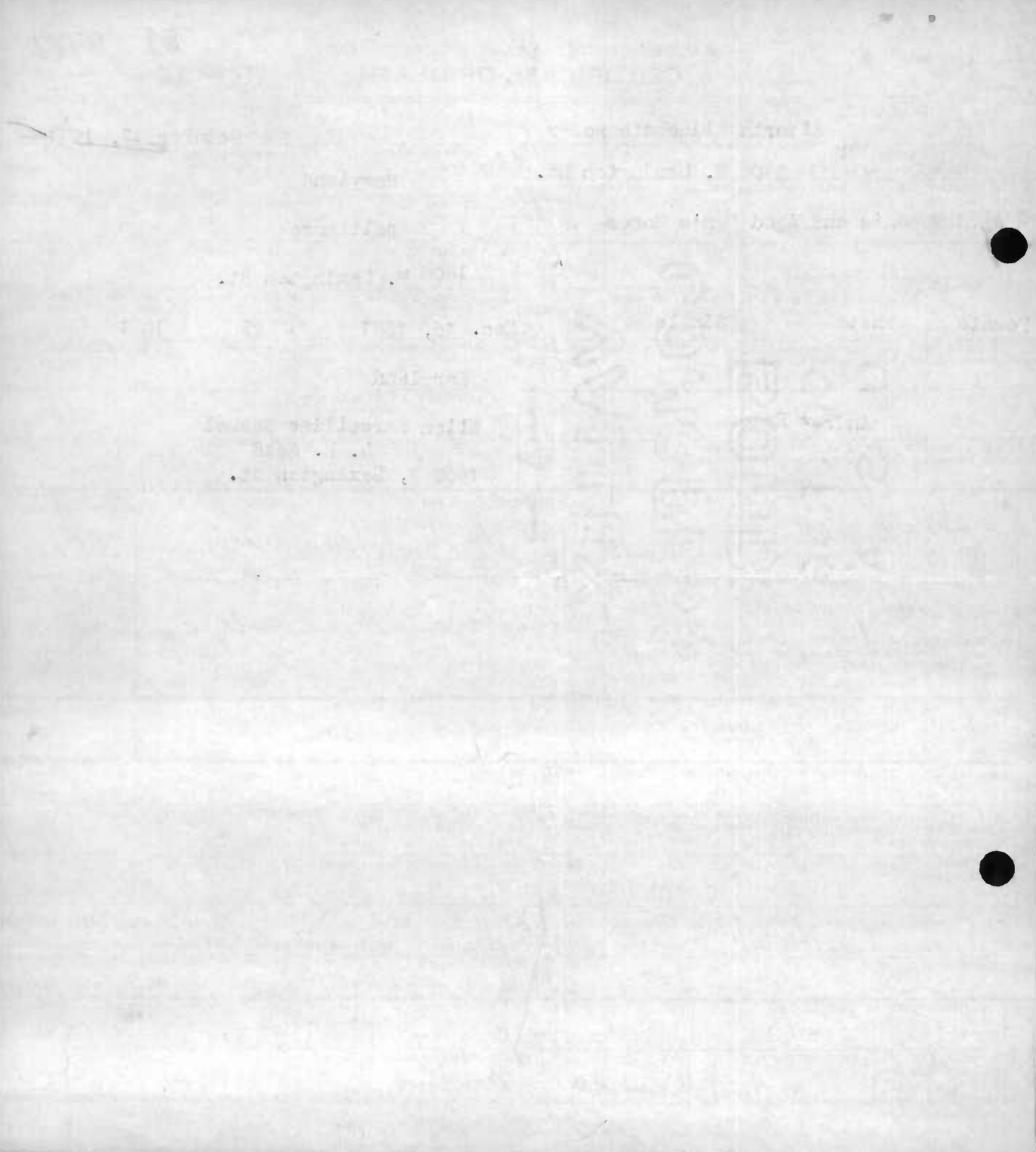
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600.  
51 8977BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8977  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Alverta Elizabeth Reier</b>		2. DATE OF DEATH <b>October 17, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>1400 W. Lexington St.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>19-02</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Aged Women's and Aged Men's Homes</b>		D. STREET ADDRESS (If rural, give location) <b>1400 W. Lexington St.</b>		8. DATE OF BIRTH <b>Dec. 16, 1861</b>	
c. Length of stay in Baltimore Yrs. Mos. Days		9. AGE (in years last birthday) <b>89</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		12. CITIZEN OF WHAT COUNTRY? <b>10 1</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>Andrew Reier</b>		14. MOTHER'S MAIDEN NAME <b>Ellen Marcelline Newbel</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>L. H. Read</b> <b>1400 W. Lexington St.</b>		ADDRESS	
18. <b>331X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Central Nervous System</b> DUE TO <b>Antecedent Causes</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Chloroform poisoning</b> DUE TO <b>Other significant conditions contributing to the death, but not related to the disease or condition causing it.</b>		CAUSE OF DEATH <b>Central Nervous System</b> <b>Chloroform poisoning</b>		INTERVAL BETWEEN ONSET AND DEATH <b>38 days</b>	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) <b>INJURY</b>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>WHILE AT WORK</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>HOW DID INJURY OCCUR?</b>	
22. I hereby certify that I attended the deceased from <b>March</b> , 1950, to <b>October 17</b> , 1951, that I last saw the deceased alive on <b>October 16</b> , 1951, and that death occurred at <b>6:15</b> m., from the causes and on the date stated above.		23A. SIGNATURE <b>Merland Edward Day</b> M. D.		23B. ADDRESS <b>4-2-3rd St - 18</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>10/20/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Boulevard Park Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1951</b>		24F. REGISTRAR'S SIGNATURE <b>William Williams, M.D.</b>	
24G. FUNERAL DIRECTOR <b>Wm. Cook, Inc.</b>		24H. ADDRESS <b>1217 St. Paul Street</b>		24I. DATE SIGNED <b>October 15, 1951</b>	





230  
51 8978

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X Registered No. 51 8978

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Josephine Davis Gossett 2. DATE OF DEATH October 18, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) US PHS Hospital Baltimore 11, Maryland C. Length of stay in Baltimore 4 Mos. D. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Virginia E. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arlington F. STREET ADDRESS (If rural, give location) 3530 S. Eutaw Street

5. SEX Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH October 4, 1907 9. AGE (in years last birthday) 44 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Tennessee 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles David 14. MOTHER'S MAIDEN NAME Frances Hanna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Records - USPHS Hospital, Balto., Md.

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Lymph sarcoma generalized over 4 yrs. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] NO [ ] 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1951 to October 18, 1951, that I last saw the deceased alive on October 18, 1951, and that death occurred at 8:20 A. M., from the causes and on the date stated above.

23A. SIGNATURE John L. Wilson, Medical Director M. D. 23B. ADDRESS US PHS Hospital, Baltimore, Md. 23C. DATE SIGNED Oct. 18, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal 24B. DATE 10/19/51 24C. NAME OF CEMETERY OR CREMATORY Memorial Park 24D. LOCATION (City, town, or county) (State) Memphis, Tenn.

DATE RECEIVED BY LOCAL REGISTRAR OCT 19 1951 REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul St.

1961, 1-4-61

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8979

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8979

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Henry S. Horkheimer

2. DATE  
OF  
DEATH

October 18, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

BALTO.

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Hyde

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

Male

White

Married

Mar. 3, 1886

65

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Proprietor

10B. KIND OF BUSINESS OR  
INDUSTRY

Wool Business

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Bernard Horkheimer

14. MOTHER'S MAIDEN NAME

Estelle Sinn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

213-28-2097

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Carcinoma of Lung

DUE TO

metastases to brain

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 9-28, 1951, to 10-18, 1951, that I last saw the  
deceased alive on 10-18, 1951, and that death occurred at 8 Pm., from the causes and on the date stated above.

23A. SIGNATURE

R. E. Wells

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-19-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/19/51

24C. NAME OF CEMETERY OR CREMATORY

Oheb Shalom Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CT 191951

R. E. Wells

Wm. J. Dickner &amp; Sons

VS 150

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Balto. Md.

CONGRESS

WILEY

1 21 8980		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 8980 Registered No.	
BIRTH NO. 50-25843					
1. NAME OF DECEASED (Type or Print) Gerald Raynard Shrewsbury			2. DATE OF DEATH Oct. 18, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 17 E. 22nd. Street		
7. SEX Male		8. COLOR OR RACE White		9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY		11. DATE OF BIRTH Oct. 9, 1950	
13. FATHER'S NAME Jack Reynard Shrewsbury		16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Jack R. Shrewsbury	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		ADDRESS 17 E. 22nd Street	
18. 752X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Rupture of Myelo-meningocele DUE TO ANTECEDENT CAUSES Hydrocephalus. DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH Rupture of Myelo-meningocele Hydrocephalus.		
19A. DATE OF OPERATION 2			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. HOW DID INJURY OCCUR?		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 10/16/1951, to 10/18/1951 that I last saw the deceased alive on 10/18/1951 and that death occurred at 2:00 PM from the causes and on the date stated above.					
23A. SIGNATURE A. R. 33			23B. ADDRESS 1100 N. Caroline Street		
23C. DATE SIGNED 10/18/51					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE Oct. 19, 1951		
24C. NAME OF CEMETERY OR CREMATORY St. Mary's Hampden			24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		
25. FUNERAL DIRECTOR Burgee Funeral Home			ADDRESS 3631 Falls Road		
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE Horace F. Burgee		
VS 150					

CONFIDENTIAL

SECRET



253  
51 8981BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

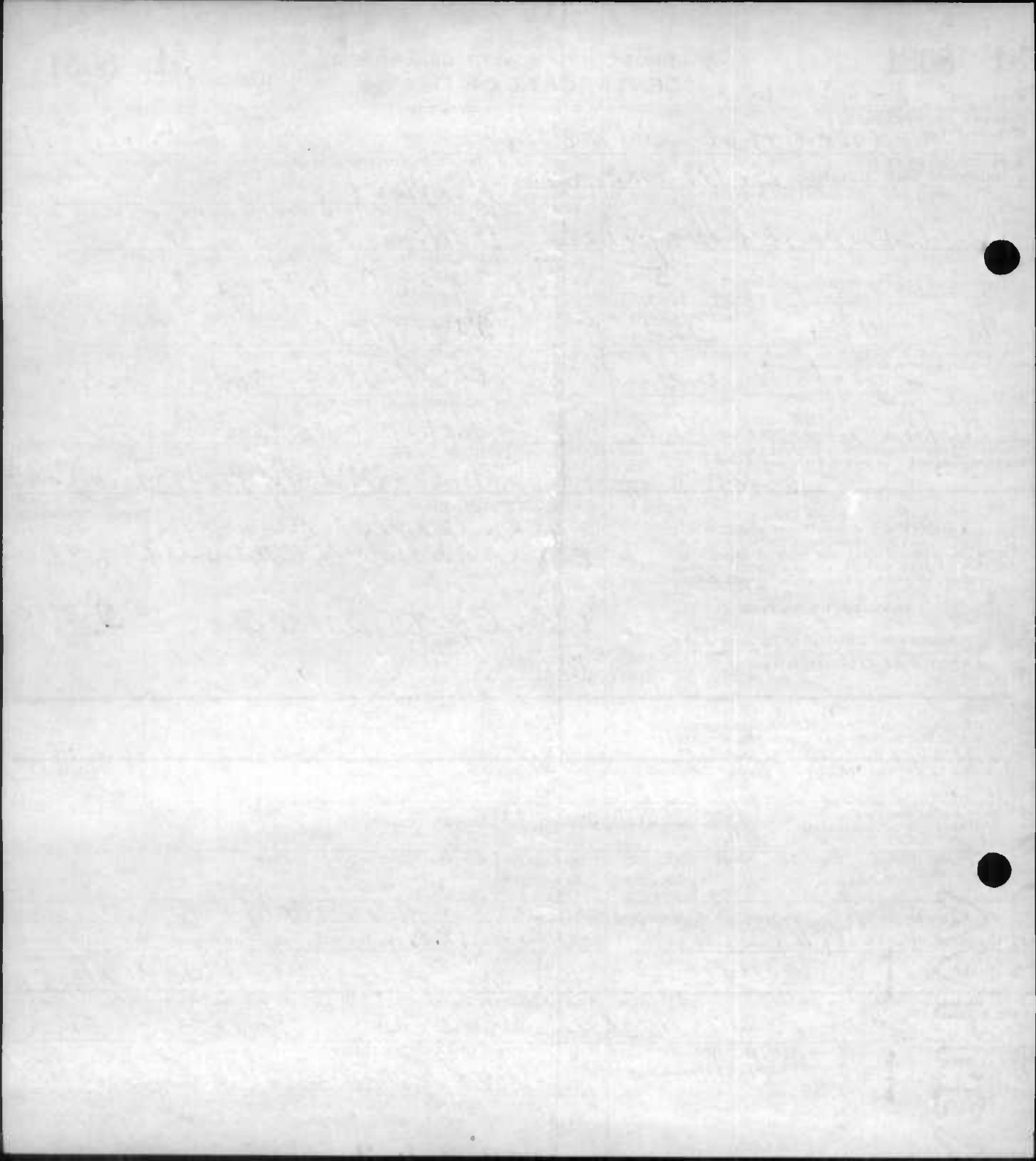
51 8981

BIRTH NO. 51-09801

1. NAME OF DECEASED (Type or Print) <b>ROSENTHAL, RONALD</b>			2. DATE OF DEATH <b>OCT. 18, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>BALTIMORE, MD.</b>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNIVERSITY HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 27-16</b>		
C. Length of stay in Baltimore <b>5</b>			D. STREET ADDRESS (If rural, give location) <b>2839 OAKFORD AVE</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>May 18, 1951</b>	9. AGE (In years last birthday) <b>5</b>	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>		11. BIRTHPLACE (State or foreign country) <b>BALTIMORE, MD</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13. FATHER'S NAME <b>Roland Rosenthal</b>		14. MOTHER'S MAIDEN NAME <b>Madelaine Fredrickson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT ADDRESS <b>MOTHER (Madelaine Fredrickson) SAME</b>	
18. <b>2924</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> <b>INTRACRANIAL Hemorrhage</b> (A) <b>INTRACRANIAL Hemorrhage</b> DUE TO <b>Pneumonia</b> (B) <b>Pneumonia</b> DUE TO (C) <b>2 MOS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 MOS</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>2</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>OCT 1</b> , 1951, to <b>OCT 18</b> , 1951, that I last saw the deceased alive on <b>OCT 18</b> , 1951, and that death occurred at <b>12:10 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>M. E. Matthews</b>		23B. ADDRESS <b>University Hospital</b>		23C. DATE SIGNED <b>OCT 18, 51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-19-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Washington, Md.</b>	
24D. LOCATION (City, town, or county) <b>Balto, Md</b>		24E. FUNERAL DIRECTOR <b>Jack Lewis Inc</b>		24F. ADDRESS <b>2100 Eutaw Pl</b>	

MEDICAL CERTIFICATION



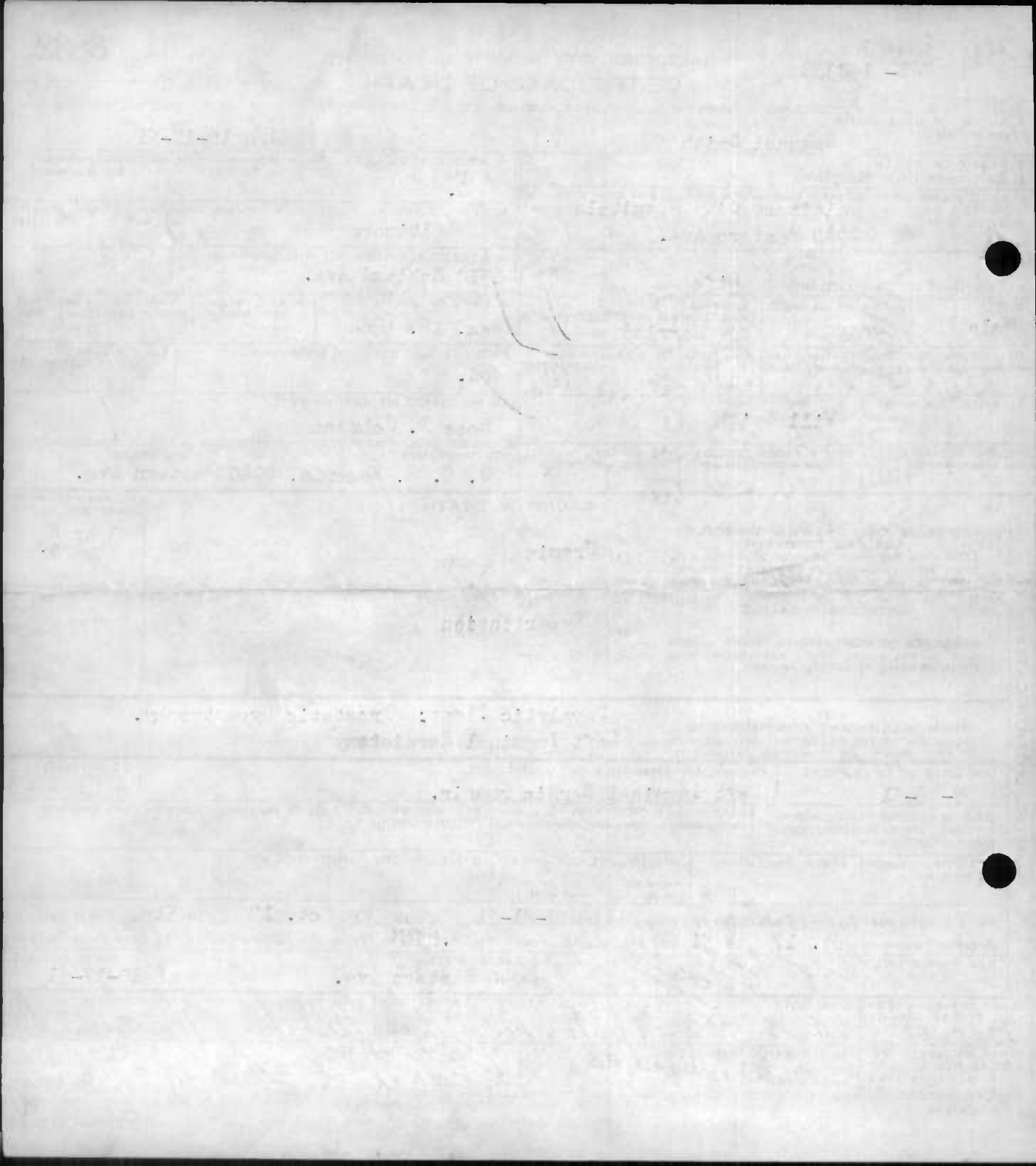


530  
51 8982  
JL- 152388BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8982  
Registered No. \_\_\_\_\_

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <b>Emanuel Smith</b>			2. DATE OF DEATH <b>10-17-51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> D. STREET ADDRESS (If rural, give location) <b>1312 Ashland Ave.</b>		
c. Length of stay in Baltimore <b>Life</b>			Yrs. Mos. Days		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 16, 1864</b>	9. AGE (In years last birthday) <b>86</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>JANITOR</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Office Bldg.</b>		11. BIRTHPLACE (State or foreign country) <b>Md.</b>	
13. FATHER'S NAME <b>Will Smith</b>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			16. SOCIAL SECURITY NO.		
14. MOTHER'S MAIDEN NAME <b>Rose E. Johnson</b>			17. INFORMANT ADDRESS <b>B. C. H. Records, 4940 Eastern Ave.</b>		

18. <b>444X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Uremia</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertension</b> DUE TO (C) _____	CAUSE OF DEATH <b>Uremia</b> <b>Hypertension</b>	INTERVAL BETWEEN ONSET AND DEATH <b>3 or 4 Days.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Paralytic Ileus; Prostatic Hypertrophy; Left Inguinal Herniotomy</b>		

19A. DATE OF OPERATION <b>9-28-51</b>		19B. MAJOR FINDINGS OF OPERATION <b>Left Inguinal Hernia repair.</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-21-51</b> , 19 <b>51</b> , to <b>Oct. 17</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Oct. 17</b> , 19 <b>51</b> , and that death occurred at <b>3.05 AM</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>W. O'Brien</b> M. D.		23B. ADDRESS <b>4940 Eastern Ave.</b>		23C. DATE SIGNED <b>10-17-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>10-19-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Arbutus Mem. Park Arbutus, Maryland</b>	
24D. LOCATION (City, town, or county) (State) <b>Arbutus, Maryland</b>		25. FUNERAL DIRECTOR <b>Charles R. Law-802 Madison</b>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1951</b>		REGISTRAR'S SIGNATURE <b>W. O'Brien</b>		25. FUNERAL DIRECTOR ADDRESS	



350  
1 8983

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8983

1. NAME OF DECEASED (Type or Print) <i>Albert F. Newton</i>		2. DATE OF DEATH <i>10-18-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto.</i>		4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>3-81</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>207 S. Dallas Court</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore - 31 - Md.</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>207 S. Dallas Court</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>M.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>10-20-93</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Gardener</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Nursery?</i>	9. AGE (In years, last birthday) <i>58</i>
11. BIRTHPLACE (State or foreign country) <i>Balto - Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John L. Newton</i>		14. MOTHER'S MAIDEN NAME <i>Caroline Schaefer</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>World War I</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Ella Newton</i>		ADDRESS <i>same</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cowmary occlusion</i> DUE TO (A) <i>History of Angina Pectoris (2 mos.)</i> (B) <i>Recently hospitalized in C.H.</i> (C) <i>Hospital for this condition</i> <i>City Examiner's Permission</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Suddenly</i> <i>Knowledge</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION <i>To sign has been given</i>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Aug. 1951</i> , to <i>Oct 18</i> , 1951, that I last saw the deceased alive on <i>Oct 19 1951</i> , and that death occurred at <i>3</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>E. A. Euser</i>		23B. ADDRESS <i>7201 York Rd.</i>	
23C. DATE SIGNED <i>10-19-51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10-22-51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>United States National</i>		24D. LOCATION (City, town, or county) (State) <i>Balto - Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 19 1951</i>		25. FUNERAL DIRECTOR <i>Silly &amp; Zeiback</i>	
REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		ADDRESS <i>403 S. Wolfe St.</i>	

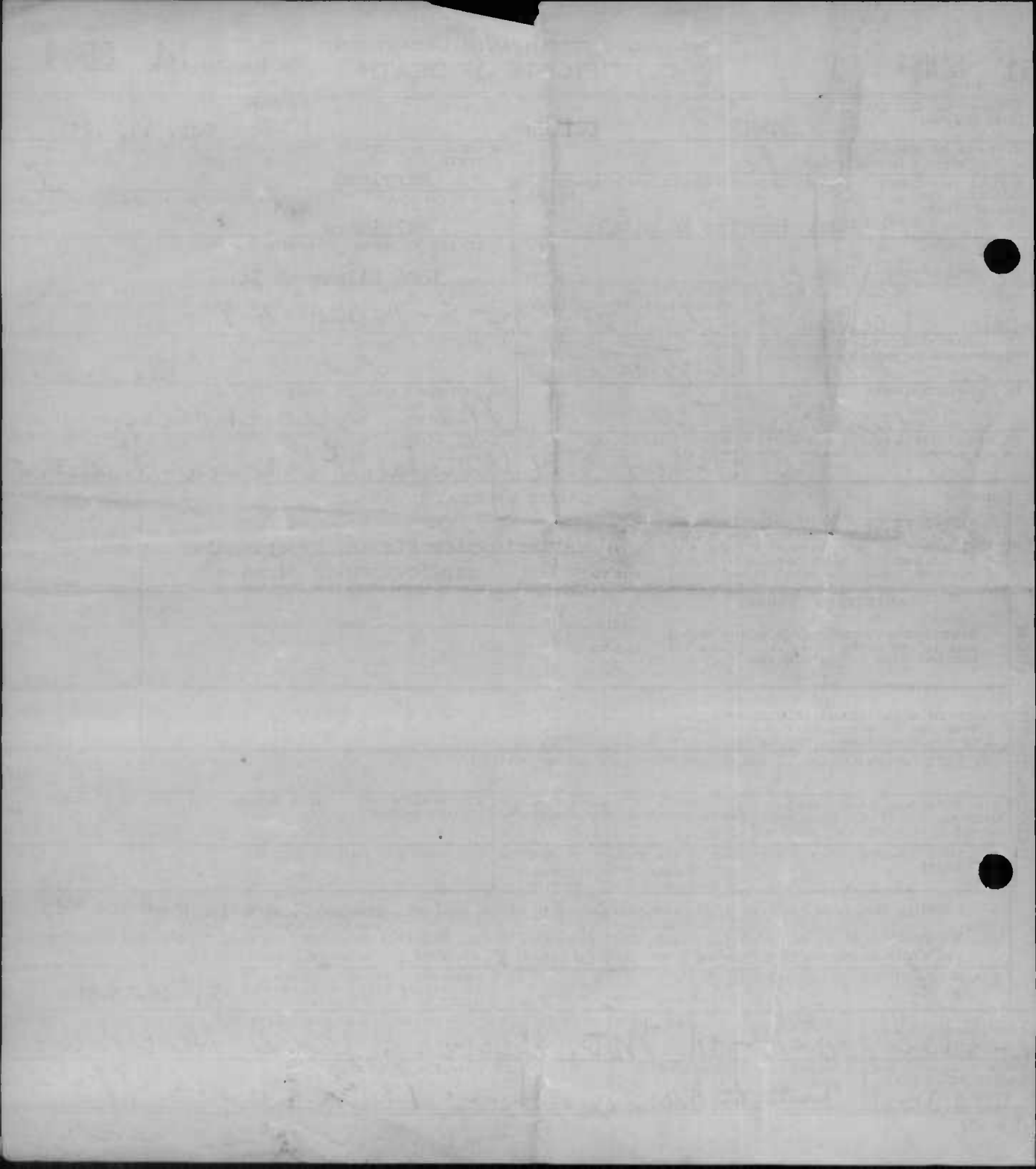
MEDICAL CERTIFICATION

Dr. Enos.  
7201 York Rd.

346  
8984BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 8984

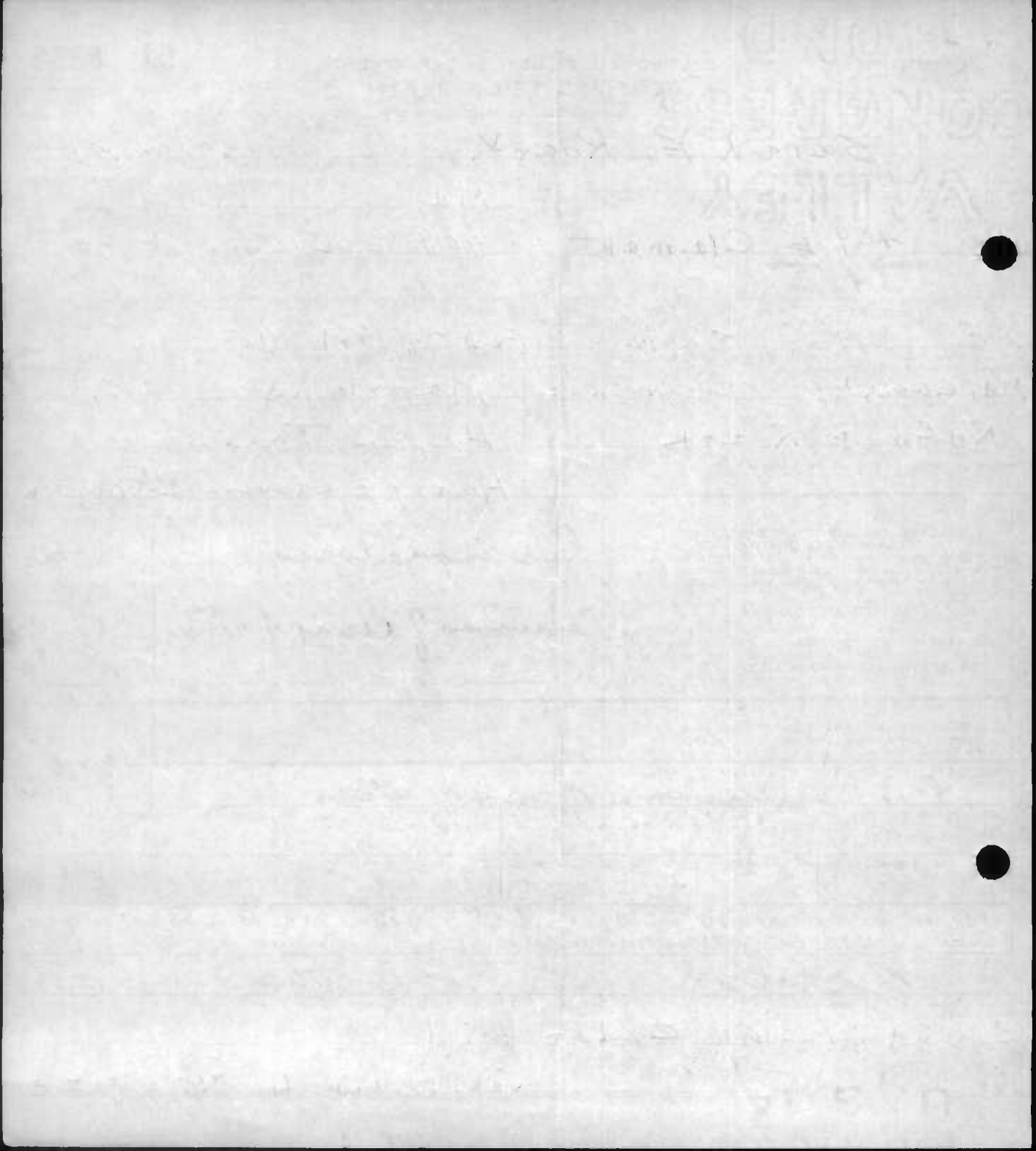
1. NAME OF DECEASED (Type or Print) <b>EDDIE CUTLER</b>		2. DATE OF DEATH <b>Oct. 13, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>8-07</b> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> D. STREET ADDRESS (If rural, give location) <b>1606 Ellsworth St.</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johns Hopkins Hospital</b>		5. SEX <b>Male</b> 6. COLOR OR RACE <b>Colored</b> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
C. Length of stay in Baltimore Yrs. Mos. Days		8. DATE OF BIRTH <b>3-5-1902</b> 9. AGE (In years last birthday) <b>49</b> 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Contractor</b>	
11. BIRTHPLACE (State or foreign country) <b>Va.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Edward Cutler</b>		14. MOTHER'S MAIDEN NAME <b>Mary Snickhouse</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no 218-09-3329</b>	
17. INFORMANT <b>George M. Cuckew-Elsworth</b>		ADDRESS <b>1606</b>	
18. <b>443 X</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <b>Arteriosclerotic and hypertensive cardiovascular disease</b> DUE TO ANTECEDENT CAUSES (B) _____ DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) (Minute) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <b>inspection &amp; inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <b>Stanley B. Decker</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	
23C. DATE SIGNED <b>10-13-51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-19-51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary</b>		24D. LOCATION (City, town, or county) (State) <b>Cedar Hill Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1951</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
VS 151		25. FUNERAL DIRECTOR <b>W. Halstead - 418 -</b>	
		ADDRESS <b>97024 093d Elmira Hill ave</b>	





620  
51 8985BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8985  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Sarah E. Ruark</i>		2. DATE OF DEATH <i>10/18/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>24-02</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>409 E. Clement</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>409 E. Clement St.</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Feb 24 1881</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Md. Casualty</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Insurance</i>	9. AGE (In years last birthday) <i>70</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Rufus E. Ruark</i>		14. MOTHER'S MAIDEN NAME <i>Helen Travers</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Harry F. Crouch</i>		ADDRESS <i>1415 Lexington</i>	
18. <i>171X</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinomatosis</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Carcinoma of cervix of uterus</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>1 1/2 yrs.</i>			
19A. DATE OF OPERATION <i>4-15-50</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of cervix of uterus</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>6-1</i> , 19 <i>50</i> to <i>10-18</i> , 19 <i>51</i> that I last saw the deceased alive on <i>10-18</i> , 19 <i>51</i> , and that death occurred at <i>1 A. m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>H. Stallord</i>		23B. ADDRESS <i>707 Fort Ave.</i>	
23C. DATE SIGNED <i>10-19-51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/22/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Cedar Hill</i>		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 19 1951</i>		REGISTRAR'S SIGNATURE <i>William Williams</i>	
25. FUNERAL DIRECTOR <i>John F. Penny Inc.</i>		ADDRESS <i>715 Light St</i>	



152  
51 8986  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

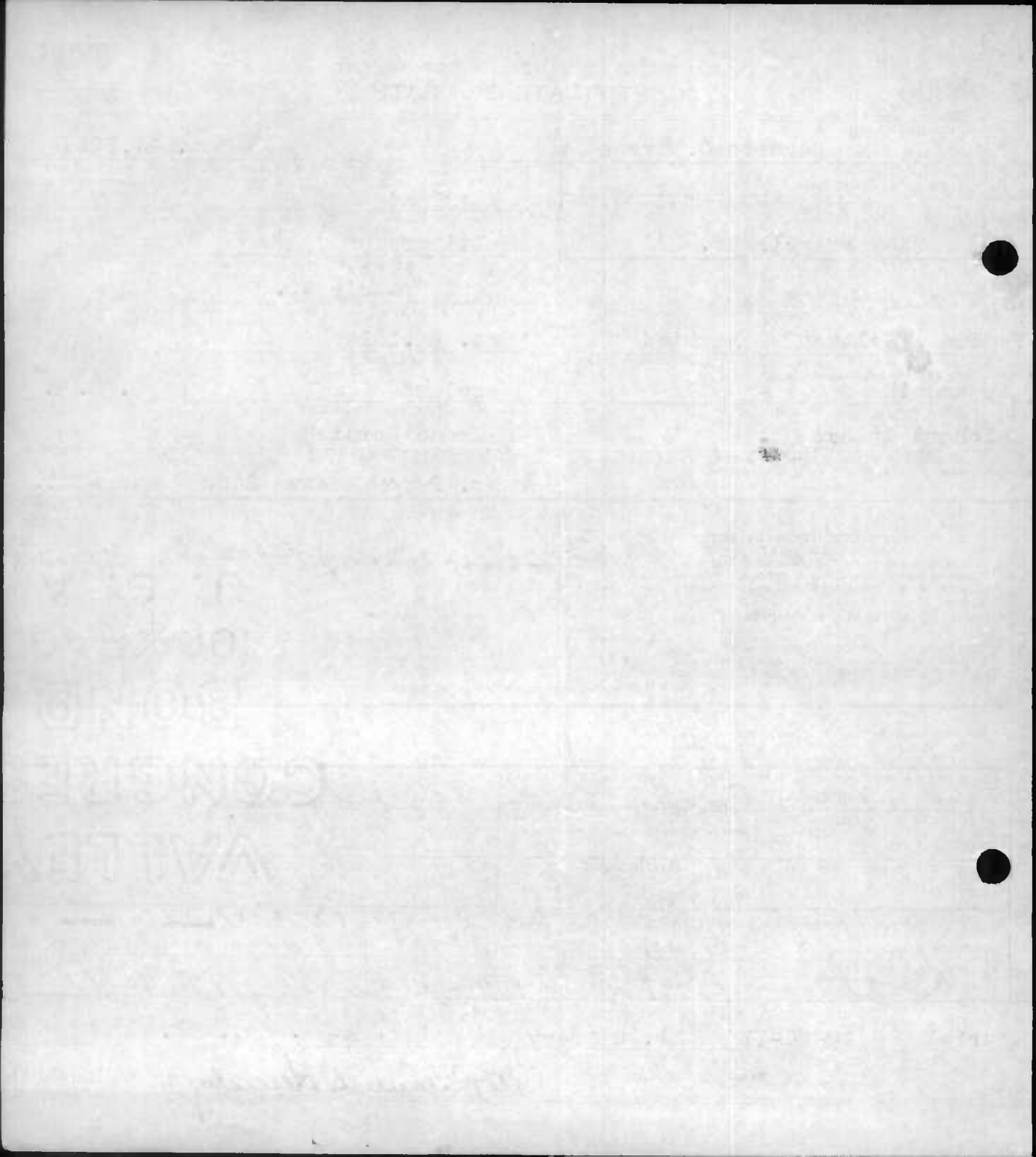
51 8986

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Bernice O. Evans</b>		2. DATE OF DEATH <b>Oct. 17, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>2402 Francis St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>2402 Francis St.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 24, 1914</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>36</b>
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Richard Owings</b>		14. MOTHER'S MAIDEN NAME <b>Irene Cornish</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mr. Percy Evans</b>		ADDRESS <b>2402 Francis St.</b>	

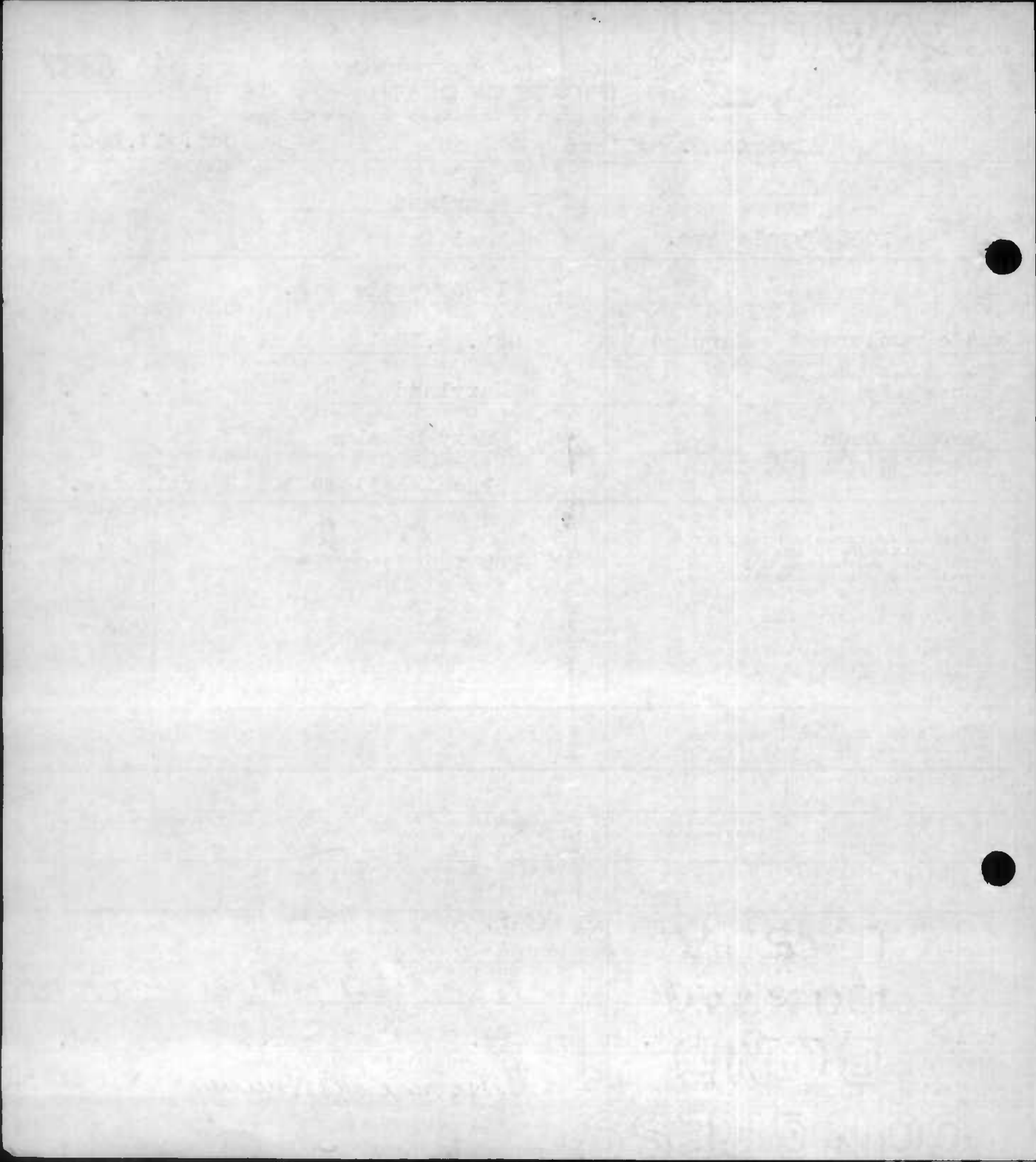
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coccyx, Break</b> DUE TO (A) _____ (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH <b>14 weeks</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>Nov. 1950</b>		19B. MAJOR FINDINGS OF OPERATION <b>Coccyx, Break</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Nov. 1950</b> to <b>Oct. 17, 1951</b> , that I last saw the deceased alive on <b>Oct. 14, 1951</b> , and that death occurred at <b>1:30 P. M.</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>B. H. Harris</b>		23B. ADDRESS <b>1224 E. Enders St.</b>		23C. DATE SIGNED <b>Oct. 14, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-20-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary Cem</b>	
24D. LOCATION (City, town, or county) (State) <b>A. A. Co., Md.</b>		25. FUNERAL DIRECTOR <b>Mr. Francis H. Hensley</b>		ADDRESS <b>578 W. Biddle St.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1951</b>		REGISTRAR'S SIGNATURE <b>Thurston Williams, M.D.</b>			



463  
51 8987BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8987  
Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Alverta H. Ballard</b>		2. DATE OF DEATH <b>Oct. 17, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>1065 Myrtle Ave.</b>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
7. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		8. STREET ADDRESS (If rural, give location) <b>1065 Myrtle Ave.</b>	
9. SEX <b>Female</b>	10. COLOR OR RACE <b>Colored</b>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	12. DATE OF BIRTH <b>Oct. 5, 1891</b>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		14. KIND OF BUSINESS OR INDUSTRY	15. AGE (In years last birthday) <b>60</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
16. FATHER'S NAME <b>Thomas Dean</b>		17. MOTHER'S MAIDEN NAME <b>Mary Smackum</b>	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		19. SOCIAL SECURITY NO.	
20. INFORMANT <b>Malachi Ballard</b>		21. ADDRESS <b>1065 Myrtle Ave.</b>	
22. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
23. DATE OF OPERATION <b>Oct 17, 1951</b>		24. MAJOR FINDINGS OF OPERATION	
25. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
26. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
29. TIME (Month) (Day) (Year) (Hour) INJURY		30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
31. HOW DID INJURY OCCUR?			
32. I hereby certify that I attended the deceased from <b>Oct. 13, 1951</b> , to <b>Oct 17, 1951</b> , that I last saw the deceased alive on <b>Oct 17, 1951</b> , and that death occurred at <b>9 00</b> m., from the causes and on the date stated above.			
33. SIGNATURE <b>R. Garland Russell</b>		34. ADDRESS <b>1534 Druid Hill Ave</b>	
35. DATE SIGNED <b>Oct 17, 1951</b>			
36. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		37. DATE <b>10-20-51</b>	
38. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cem.</b>		39. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
40. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1951</b>		41. REGISTRAR'S SIGNATURE <b>Wm. J. Williams, M.D.</b>	
42. FUNERAL DIRECTOR <b>Wm. J. Williams, M.D.</b>		43. ADDRESS <b>578 W. Biddle St.</b>	





455

ID-1513278

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8988

1. NAME OF DECEASED  
(Type or Print)

Frank Keleman

2. DATE  
OF  
DEATH

Sept. 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION(If not in hospital or institution, give street address or location)  
Baltimore City Hospitals

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

830 S. Bond St.

C. Length of stay in Baltimore

16 Yrs.

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Feb. 18, 1907

9. AGE (in years

last birthday)

44

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Frank Keleman

14. MOTHER'S MAIDEN NAME

Amelia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.17. INFORMANT Baltimore City Hospitals  
Records: 4940 Eastern Avenue

18. 193 X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Glioblastoma of rt. parietal lobe

DUE TO Possible cerebral Hemorrhage

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

R. B. Fisher M. D.  
CHIEF OR ASST. MEDICAL EXAMINER.INTERVAL BETWEEN  
ONSET AND DEATH

Yrs.

?

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

18A. DATE OF OPERATION

8-17-51

19B. MAJOR FINDINGS OF OPERATION

Craniotomy

Arteriography

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-14, 1951, to 9-20, 1951 that I last saw the  
deceased alive on 9-20, 1951, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

10-17-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/19/51

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Balth. Co. Rd

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 19 1951

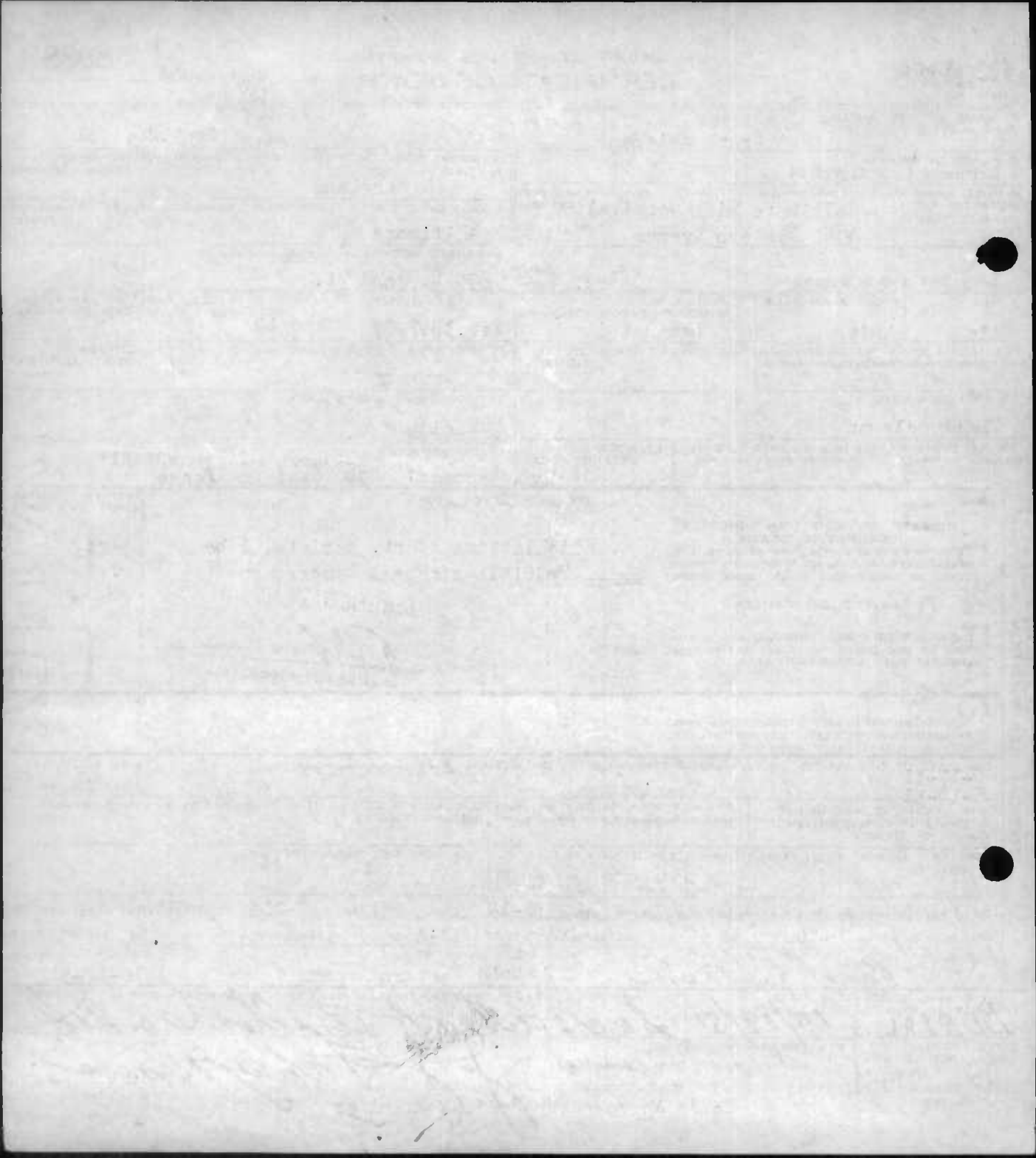
VS 150

To Be Approved by Medical Examiner

054 a

MEDICAL CERTIFICATION





500  
51 8989

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8989  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **LEONARD T. DEAN** 2. DATE OF DEATH **Oct 18, 1951**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE **md** B. COUNTY **X**

B. FULL NAME OF (If not in hospital or institution, give street address or location) **1014 Webb Court.** C. CITY OR TOWN (If outside corporate limits, write FULL, and give township) **Balto**  
D. STREET ADDRESS (If rural, give location) **1014 Webb Court.**

c. Length of stay in Baltimore Yrs. Mos. Days

5. SEX **male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **Feb 20, 1887** 9. AGE (in years last birthday) **64** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Brakeman Retired** 11. BIRTHPLACE (State or foreign country) **Mo** 12. CITIZEN OF WHAT COUNTRY?

10B. KIND OF BUSINESS OR INDUSTRY **W. Md. R.R.** 13. FATHER'S NAME **-** 14. MOTHER'S MAIDEN NAME **-**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **-** 16. SOCIAL SECURITY NO. **-** 17. INFORMANT **Willie M. Dean** ADDRESS **1014 Webb Court.**

18. **177X, and 002X** CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **Memoria** DUE TO **Chs. nephritis** **Ca. of prostate** **Active Pulm. T.B.** INTERVAL BETWEEN ONSET AND DEATH **3 weeks** **?** **4 yr history**

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION **0** 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ☐ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) ☐

21D. TIME (Month) (Day) (Year) (Hour) INJURY ☐ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? ☐

22. I hereby certify that I attended the deceased from **May**, 19**51**, to **1804**, 19**57**, that I last saw the deceased alive on **1704**, 19**51**, and that death occurred at **7:30 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE **Samuel Scherf** 23B. ADDRESS **714 E. Preston St** 23C. DATE SIGNED **1804 51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **10/15/51** 24C. NAME OF CEMETERY OR CREMATORY **St Marys** 24D. LOCATION (City, town, or county) (State) **Hampden**

DATE RECEIVED BY LOCAL REGISTRAR **OCT 19 1951** REGISTRAR'S SIGNATURE **William Williams, Jr.** 25. FUNERAL DIRECTOR **Paul E. Chensworth** ADDRESS **3615-7 Chestnut Ave**

VS 150 62450 051B

Dr. L. L. Lichtenfeld  
714 E. Boston St.

600  
51 8990  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8990  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>MARIE F. MOORE</b>		2. DATE OF DEATH <b>10-18-51</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>12-03</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>59</b> <small>Mrs. Mos. Days</small>		D. STREET ADDRESS (If rural, give location) <b>235 E 25th St - 18</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5-30-89</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>61</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Harry W. Swift.</b>		14. MOTHER'S MAIDEN NAME <b>Carrie McClure.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. <b>153X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Intestinal obstruction</b> DUE TO (A) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Carcinoma of transverse colon</b> DUE TO (B) (C)	INTERVAL BETWEEN ONSET AND DEATH <b>2 wks.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>10-9-51</b>		19B. MAJOR FINDINGS OF OPERATION <b>Acute intestinal obstruction, Carcinoma transverse colon</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-9-51</b> , 19 <b>51</b> , to <b>10-18</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-18</b> , 19 <b>51</b> , and that death occurred at <b>8:23A</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>W. C. Macrae</b>		23B. ADDRESS <b>Union Memorial Hosp</b>		23C. DATE SIGNED <b>10-18-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/22/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Landon Park</b>	
24D. LOCATION (City, town, or county) (State) <b>Frederick Ave.</b>		25. FUNERAL DIRECTOR <b>Paul E. Chensawetzky</b>		ADDRESS <b>3615-17 E. Chestnut Ave.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1951</b>		REGISTRAR'S SIGNATURE <b>William H. Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS	

1903

CHURCH

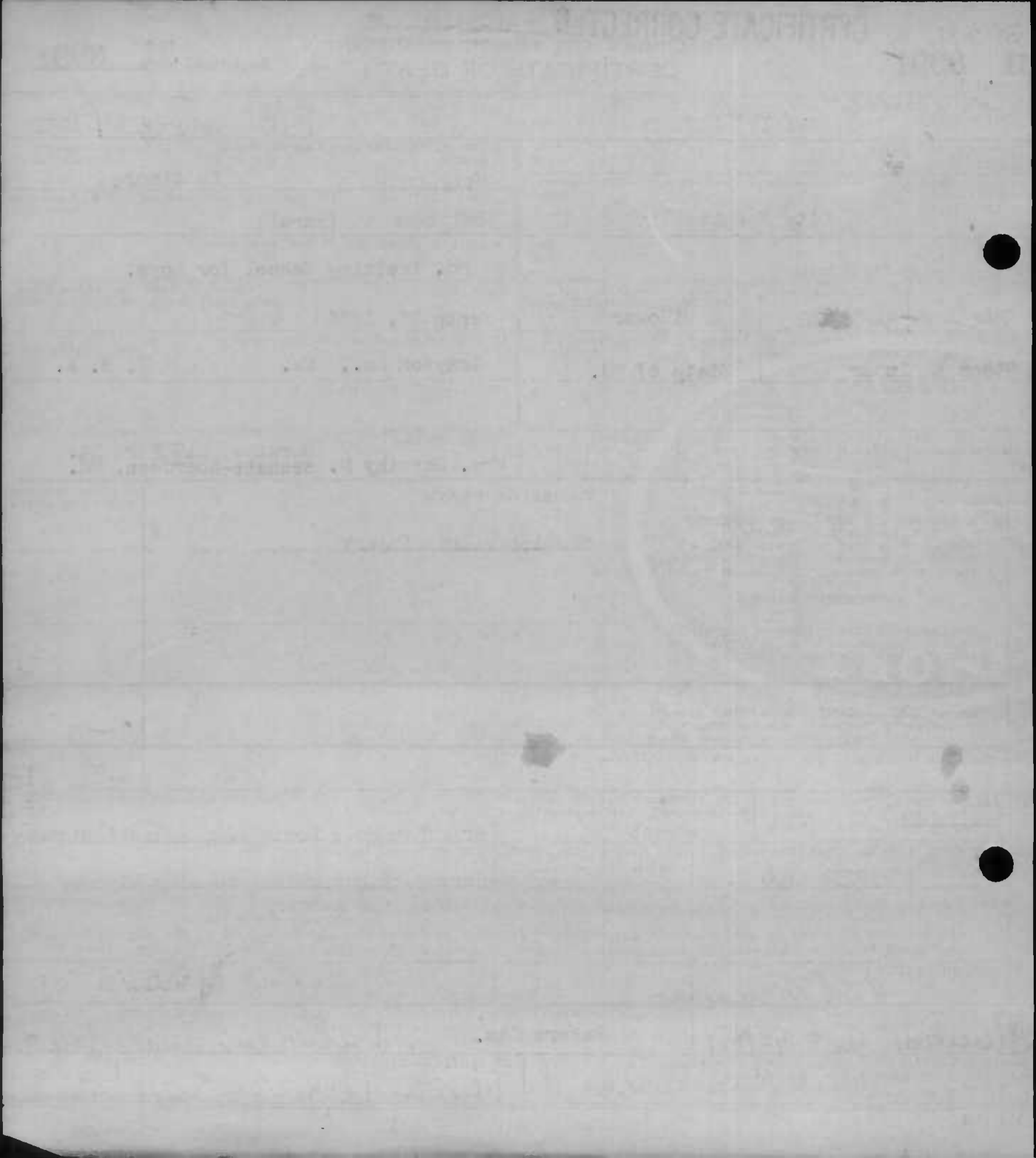
1903

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<div>530</div> <div>1-8991</div> <div>CERTIFICATE CORRECTED</div> <div>BALTIMORE CITY HEALTH DEPARTMENT</div> <div>CERTIFICATE OF DEATH</div>				<div>51</div> <div>8991</div> <div>Registered No.</div>	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <b>JACKSON ROBERT BENNETT</b>				2. DATE OF DEATH <b>October 18, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore (Rural)</b>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>Md. Training School for Boys.</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Sept 15, 1888</b>	9. AGE (In years last birthday) <b>63</b>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steam Engineer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>State of Md.</b>		11. BIRTHPLACE (State or foreign country) <b>Grayson Co., Va.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13. FATHER'S NAME			
14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Burkins, 519 Park St. Mrs. Dorothy M. Bennett-Aberdeen, Md.</b>			
18. <b>E812.4</b> CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Craniocerebral Injury</b>					
DUE TO					
ANTECEDENT CAUSES <b>(B)</b>					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(C)</b>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>street</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>5300 Bradshaw Md., Route #40, Pulaski Highway</b>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <b>10/18/51 4:00 P. m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Struck by car while crossing highway</b>	
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>R. B. Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>10/19/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24B. DATE <b>Oct 19-1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Bakers Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Aberdeen, Maryland</b>		25. FUNERAL DIRECTOR <b>Henry Tarrington &amp; Sons - Aberdeen</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1951</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, Jr.</b>		ADDRESS <b>170 C. med.</b>	
VS 151 <b>N-856.2</b> <b>583 92</b>					





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1 8992

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8992

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Rosalie CLARY</i>		2. DATE OF DEATH <i>10.17.51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY <i>Ind.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>28-04</i>	
c. Length of stay in Baltimore <i>56</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>4508 Dunland - 28-29</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>m</i>	8. DATE OF BIRTH <i>April 11-1895</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>H.W.</i>		9B. KIND OF BUSINESS OR INDUSTRY <i>at home.</i>	9. AGE (In years last birthday) <i>56</i>
10. CITIZEN OF WHAT COUNTRY?		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
12. FATHER'S NAME <i>John Kreseling</i>		13. MOTHER'S MAIDEN NAME <i>Holly Reichert</i>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		15. SOCIAL SECURITY NO.	
16. INFORMANT <i>Milton F. Clary Sr.</i>		ADDRESS <i>4508 Dunland Rd</i>	

18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral hemorrhage</i> DUE TO <i>Hypertension</i> DUE TO <i></i> DUE TO <i></i>	CAUSE OF DEATH <i>Cerebral hemorrhage</i> <i>Hypertension</i> <i></i>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

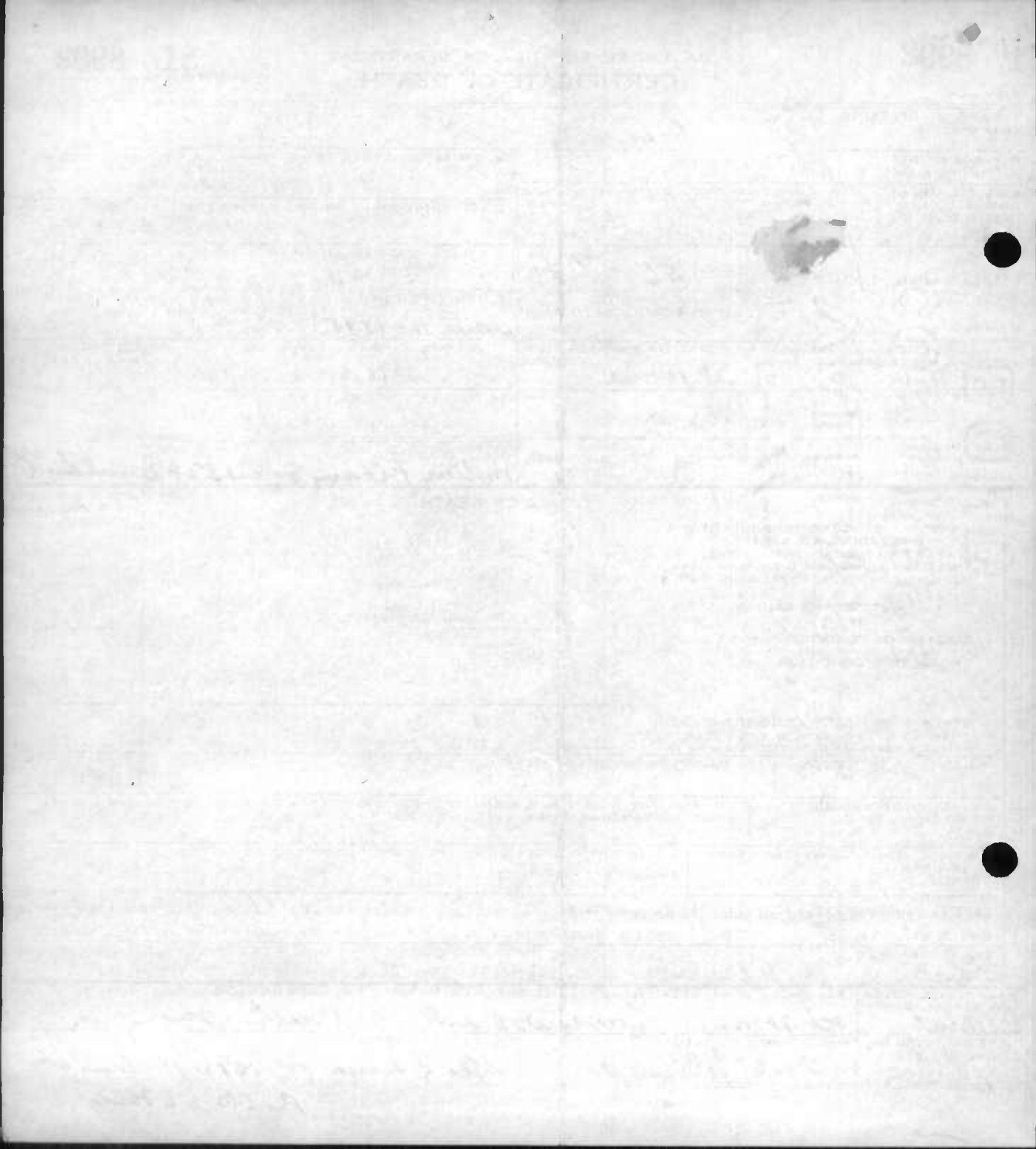
19A. DATE OF OPERATION <i>10</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>10.16</i> , 19 <i>51</i> to <i>10.17</i> , 19 <i>51</i> ; that I last saw the deceased alive on <i>10.17</i> , 19 <i>51</i> , and that death occurred at <i>8:10</i> p.m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Lester Bakhair</i>	23B. ADDRESS M. D. <i>Maryland General Hospital</i>	23C. DATE SIGNED <i>10.17.51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct. 20-1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Londow Park.</i>
24D. LOCATION (City, town, or county) (State) <i>Balts. Ind.</i>	25. FUNERAL DIRECTOR <i>Geo. E. Beyer Jr.</i>	ADDRESS <i>1512 Hollins St</i>

DATE RECEIVED BY LOCAL REGISTRAR  
OCT 19 1951

REGISTRAR'S SIGNATURE  
*Wilmington Williams, M.D.*

25. FUNERAL DIRECTOR  
*Geo. E. Beyer Jr.*

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8993  
ND-69904BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8993

BIRTH NO.		1. NAME OF DECEASED (Type or Print) John Ventura		2. DATE OF DEATH Oct. 16, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 19 Yrs.		D. STREET ADDRESS (If rural, give location) B.C.H. 4940 Eastern Avenue			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 14, 1960	9. AGE (In years last birthday) 91	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10B. KIND OF BUSINESS OR INDUSTRY Own		11. BIRTHPLACE (State or foreign country) Italy	
13. FATHER'S NAME Salvadore		14. MOTHER'S MAIDEN NAME Rose Nevara (Rosa Nevara)		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue	
18. 42211 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardio-vascular Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Brachopneumonia				INTERVAL BETWEEN ONSET AND DEATH Over 1 Yr. 4 Days	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-13, 1941 to 10-16, 1951, that I last saw the deceased alive on 10-16, 1951 and that death occurred at 10:40 p.m., from the causes and on the date stated above.					
23A. SIGNATURE J. S. Unger		23B. ADDRESS M. D. 4940 Eastern Avenue		23C. DATE SIGNED 10-18-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct 20-51		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) Frederick Rd		24E. NAME OF CEMETERY OR CREMATORY Frederick Rd		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR OCT 19 1951		REGISTRAR'S SIGNATURE Huntington Hill		25. FUNERAL DIRECTOR LAMPROS Funeral Home Inc	

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536  
51 8994

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 8994

1. NAME OF DECEASED (Type or Print) <b>IDA M. SNYDER</b>			2. DATE OF DEATH <b>October 17, 1951.</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>6028 Old Harford Road</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Beech Hill Nursing Home</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>1018 S. Baylis St.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 17, 1892</b>	9. AGE (in years last birthday) <b>59</b>	H Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>			11. BIRTHPLACE (State or foreign country) <b>Baltimore co., Md</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>George A. LeBrun</b>			14. MOTHER'S MAIDEN NAME <b>Helen V. Rollison</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>John C. Snyder 610 S. East Ave.</b>	

18. <b>17 IX I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of Cervix</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>October 1946</b> to <b>October 17, 1951</b> ; that I last saw the deceased alive on <b>October 17, 1951</b> , and that death occurred at <b>1:00 P.M.</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>J. W. Gaskel</b> M. D.		23B. ADDRESS <b>637 S. Conkling St</b>		23C. DATE SIGNED <b>Oct 19, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>October 20, 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn Cemetery</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1951</b>		REGISTRAR'S SIGNATURE <b>William Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Charles S. Zeller</b> ADDRESS <b>901 S. Conkling St.</b>	

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October 15, 1971

John V. Sullivan  
6008 Old Bedford Road

Bellevue

Joseph Hill Nursing Home

1008 N. 10th St.

John V. Sullivan

Bellevue

Bellevue

Bellevue

Bellevue

Bellevue

John V. Sullivan

Bellevue

John V. Sullivan

Bellevue

Bellevue

Bellevue

CONCRETE

1008 N. 10th St.

October 15, 1971  
John V. Sullivan

John V. Sullivan

Bellevue



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 8995**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **CHARLES GOLDSMITH** 2. DATE OF DEATH **October 18, 1951**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE **Maryland** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location) **FRANKLIN SQUARE HOSPITAL** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**

D. STREET ADDRESS (If rural, give location) **509 North Pine Street** c. Length of stay in Baltimore Yrs. Mos. Days

5. SEX **M.** 6. COLOR OR RACE **Col.** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **5-5-1894** 9. AGE (In years last birthday) **57** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Fireman** 10B. KIND OF BUSINESS OR INDUSTRY **Store Mfg.** 11. BIRTHPLACE (State or foreign country) **N. C.** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13. FATHER'S NAME **7** 14. MOTHER'S MAIDEN NAME **7**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **no** 16. SOCIAL SECURITY NO. **214-05-3857** 17. INFORMANT: **Nannie Goldsmith** ADDRESS **509 - Pine St.**

18. **4-2-1** CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic Cardiovascular Disease** DUE TO

ANTECEDENT CAUSES (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK 21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **O. S. Fisher** M.D. 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **10/19/51**

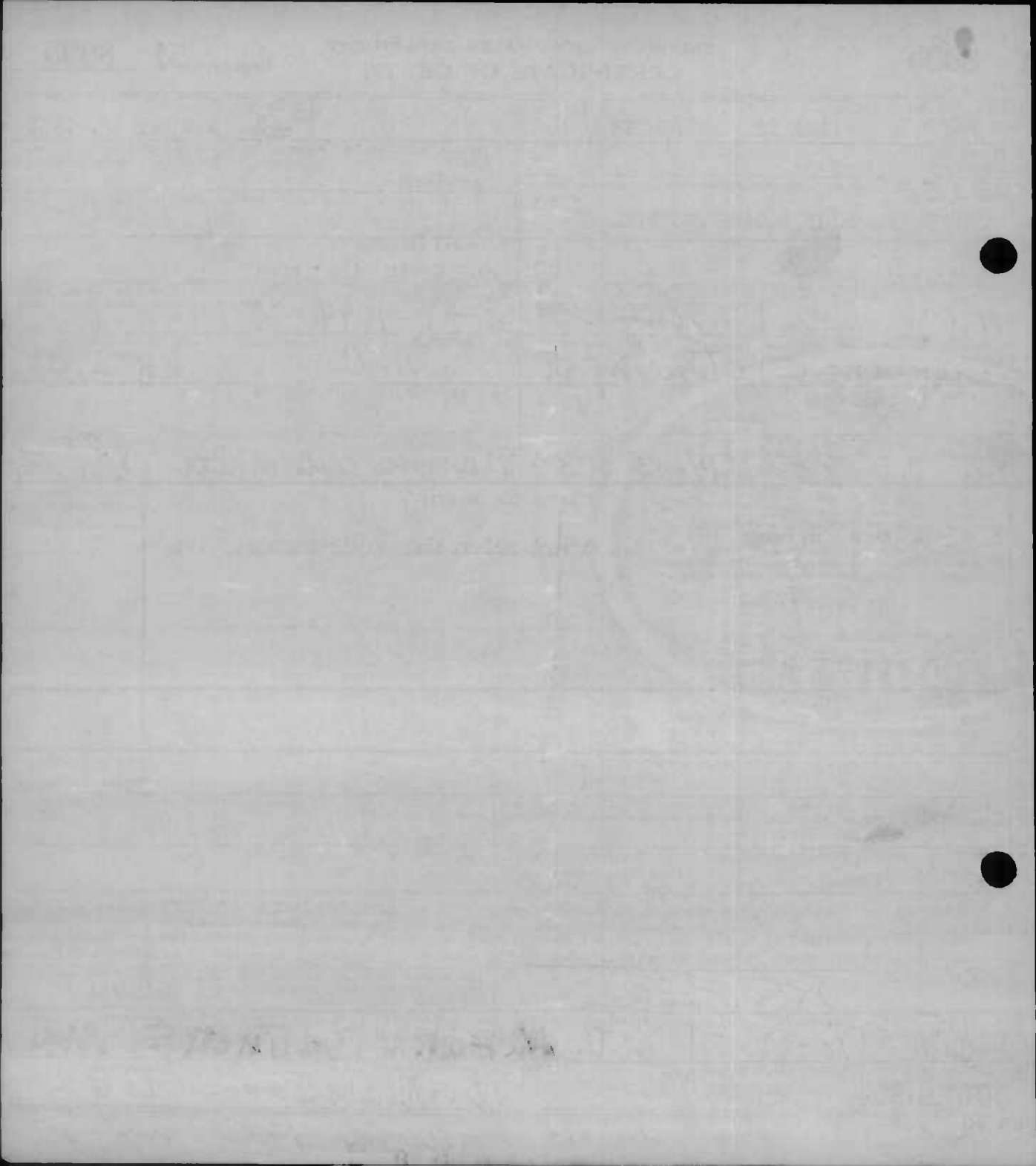
24A. BURIAL, CREMA- TION, REMOVAL (Specify) **burial** 24B. DATE **10-23-51** 24C. NAME OF CEMETERY OR CREMATORY **Mt. Auburn** 24D. LOCATION (City, town, or county) (State) **Baltimore Md.**

DATE RECEIVED BY LOCAL REGISTRAR **OCT 19 1951** REGISTRAR'S SIGNATURE **William Williams** 25. FUNERAL DIRECTOR **W. Halstead** ADDRESS **918 -**

V S 151 **6803D 093d** **Alvin Hill** **ad.**

MEDICAL CERTIFICATION





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 8996  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>CHARLES OWENS</b>		2. DATE OF DEATH <b>Oct. 17, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>1125 W. Mulberry Street 18-04</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>1/1/1895</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	
13. FATHER'S NAME <b>Joseph Owens</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>?</b>	
17. INFORMANT <b>Anna Owens</b>		ADDRESS <b>1318 N. Fulton Ave. Balto. Md.</b>	

18. <b>E902.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Fracture of skull</b> DUE TO <b>(A)</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES <b>(B)</b>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(C)</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>October 17, 1951</b>		19B. MAJOR FINDINGS OF OPERATION <b>House</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>House</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>1329 N. Calhoun Street 15-01</b>	
21D. TIME (Month) (Day) (Year) (Hour) (Minute) <b>October 17, 1951 5:05 P.M.</b>		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Fell from scaffold (3rd floor) to sidewalk.</b>	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley H. Dunsacker</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Oct. 17, 1951</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/21/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Arbutus Mem. Pk, Inc.</b>		24D. LOCATION (City, town, or county) (State) <b>Arbutus, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 17 1951</b>		REGISTRAR'S SIGNATURE <i>Geo. G. Kelson</i>		25. FUNERAL DIRECTOR <b>Geo. G. Kelson</b>		ADDRESS <b>1303 Prosser St.</b>	

VS 151

*N-8032*

*36424*  
*186a*

*Geo. G. Kelson*

*[Signature]*

MEDICAL CERTIFICATION



51 8997

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 8997

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Herbert Middleton</i>		2. DATE OF DEATH <i>October 18/1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>JOHNS HOPKINS HOSPITAL</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 20-04</i>	
c. Length of stay in Baltimore <i>59</i>		D. STREET ADDRESS (If rural, give location) <i>2539 West Baltimore St.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>5-7-76</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MACHINIST</i>		9. AGE (In years last birthday) <i>74</i>	If Under 1 Year: Months: Days
10B. KIND OF BUSINESS OR INDUSTRY <i>SINCLAIR - Scott</i>		11. BIRTHPLACE (State or foreign country) <i>MD</i>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>177 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Longestive Cardiac Failure</i> (B) <i>Severe Anaemia; Cachexia</i> (C) <i>Carcinoma of Prostate</i> <i>2 saturation metastases.</i>  <i>Arteriosclerosis.</i>	INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i> <i>1 year</i> <i>10 years</i>
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19A. DATE OF OPERATION <i>1949</i>	19B. MAJOR FINDINGS OF OPERATION <i>Ca of Prostate</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10-17*, 19*51*, to *10-18*, 19*51*, that I last saw the deceased alive on *10-19*, 19*51*, and that death occurred at *7:15 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Jr. de Clerk</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>10/18/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>OCT. 22, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>NEW CATHARAL</i>
24D. LOCATION (City, town, or county) <i>OLD FRED'K RD.</i>	24E. REGISTRAR'S SIGNATURE <i>Washington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Harry A. White</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 19 1951</i>	ADDRESS <i>401 Charleston Ave</i>	

*[Faint, illegible handwriting throughout the page]*

1-615  
51 8998BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 8998  
Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>LILY E. IRVING</b>			2. DATE OF DEATH <b>October 18, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1321 Kitmore Road</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>1321 Kitmore Road</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>April 12, 1898</b>	9. AGE (In years last birthday) <b>53</b>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		
11. BIRTHPLACE (State or foreign country) <b>England</b>			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME <b>Clark</b>			14. MOTHER'S MAIDEN NAME <b>Margaret</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <b>William C. Irving</b>			ADDRESS <b>1321 Kitmore Road</b>		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.) <b>Lobar Pneumonia</b> DUE TO ANTECEDENT CAUSES <b>Fatty Infiltration of the liver</b> <b>chronic alcoholism</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>R. S. Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>10/19/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24B. DATE <b>10/20/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>GreenMount Crematory</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. Cook, Inc.</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>	
25. FUNERAL DIRECTOR <b>Wm. Cook, Inc.</b>		ADDRESS <b>1217 St. Paul Street</b>			





# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered **51** 8999

524  
1-8999

1. NAME OF DECEASED (Type or Print) <b>GRANT RINGOLD</b>		2. DATE OF DEATH <b>October 17, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>South Baltimore General Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>104 York Street</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11-12-1895</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>56</b>
11. BIRTHPLACE (State or foreign country) <b>Md.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Henry Ringold</b>		14. MOTHER'S MAIDEN NAME <b>Susan?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>		16. SOCIAL SECURITY NO. <b>218-07-8609</b>	
17. INFORMANT <b>Walter Smith</b>		ADDRESS <b>1503 Bunt St.</b>	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary tuberculosis</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <b>Inspection &amp; Inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <b>natural causes</b> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <b>William H. Brown</b>	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED <b>Oct. 17, 1951</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct. 22/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cem.</b>
24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>	25. FUNERAL DIRECTOR <b>Walter H. Sprague</b>	ADDRESS <b>139 W. Hamilton St.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1951</b>		
REGISTRAR'S SIGNATURE <b>John Williams</b>		

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9000

Registered No.

TH NO.

NAME OF DECEASED  
(Please Print)

Mrs Frances Alagna

2. DATE  
OF  
DEATH

10/18/51

PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

BALTO.

5. FULL NAME OF (If not in hospital or institution, give street address or location)

Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1119 Elmridge Rd.

Length of stay in Baltimore

49

Yrs.

MO

Days

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8/18/02

9. AGE (In years last birthday)

49

10. Under 1 Year

11. Under 24 Hours

1. USUAL OCCUPATION (Give kind of those during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

FATHER'S NAME

Andrew Manganelli

14. MOTHER'S MAIDEN NAME

Josephine Liberto

13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Charles Alagna 1119 Elmridge Rd.

18. 153 X 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Terminal Pulmonary edema and Cerebral edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pleurisy with effusion due to subdiaphragmatic abscess.

DUE TO

(C) Diffuse peritonitis and general toxemia

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma colon

19A. DATE OF OPERATION

10/1/51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma Hepatic Flexion Colon

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9/28/1951 to 10/18/1951, that I last saw the deceased alive on 10/17/1951 and that death occurred at 6:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

D. J. Shabler M.D.

M. D.

23B. ADDRESS

Bon Secours Hosp

23C. DATE SIGNED

10/18/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Oct. 22/51

Holy Redeemer Cem.

4430 Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR

ADDRESS

OCT 19 1951

William Williams, M.D.

Frank Della Voce 3229 High St.

